DHMH - 16 60M 7/84 (VRA 15, 4) (SPECIFY)

BURTAL 24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC.

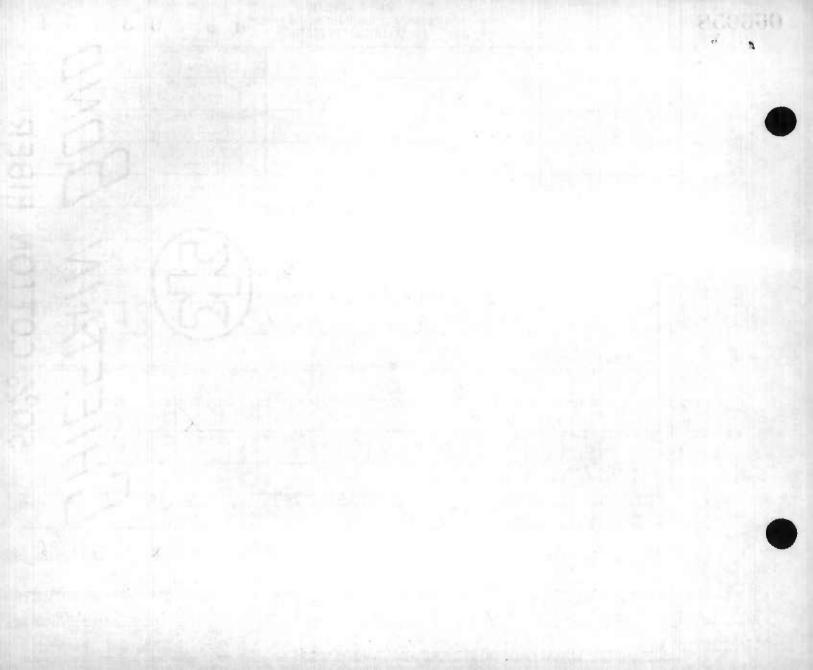
2/28/86

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BALTIMORE

HEBREW FRIENDSHIP CEN

MARYLA NO



65020	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
be 3 death	,,,,,,		hy Eml	im ADAM	S		February 2	8. 1986		2:38a M	
The pod	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS AIN.	
a de a		Female	White	е	Apri		74	YRS	DATS	MIN.	
8 82 /8//		RTHPLACE STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		FDEATH		
1 15 10		orth Carolina	U.S	.A.	WIDOWE		Baltimore	County		MD.	
11/1/1/1		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	ROTHER INSTITUTION	12a. USUAL OCCUPAT	ION		F BUSINESS OR	
7 32/	Ros	sville 21237		ich facility, give street klin Squa		spital	Welder		Westi	nghouse	
1 13 27	USU	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION	N GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS			- Contract	
2 13/2/			imore	Middle R		YES NON	25 Cockp		et. 212	220	
10000	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS		
1 1290		Frelin	WIDDLE	Haincher		Sarah	WIDDLE	Sc	basta		
D D J		VAS DECEASED EVER IN U.S. A				17 INFORMANT	ADDR		2000		
12.11	,	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	246 22 3	638	Philmore Hay	res (Son)	9809 Fo	xhill	Rd. 2112	
1 (984)		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	nly one cause pe							MATE INTERVAL ONSET AND DEATH	
1 100		PART I. DEATH WAS CAUS	ED BY. TE CAUSE (a)	Ventricul	ar Ta	chycardia				YEVE	
ding orbits				OR AS A CONSEQU						A COLDER	
dent tion, tion,		Conditions, if any, which	(b)_								
the contract of the contract o		gave rise to immediate cause (a), stating the	DUE TO.	OR AS A CONSEQU	ENCE OF						
f by f by of cr		underlying cause last.	(()_								
gne burnes	-	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART III	a	
require n sign Then or to bu	CERTIFICATION	Metastatic B									
low s be	ICA.	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V IN CERTIFYII		NGS USED OF DEATH?	
The con.	I E						YES NO	YES		NO 🗌	
hysica ficate fronsi Hygii Hygii		21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		OF INJURY	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER HATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)		
SICIA ng ph certifi rriol-ti frem I	OAI	LIFETHER NOTIFY MEDICAL EXAMINE	R) F	P.M.	19						
this this dor	MEDICAL	21d INJURY OCCURRED	21e. PLACE (AT HOME, S	OF INJURY	FARM, ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
NG of the orke		AT WORK AT WORK									
Heoles		22a I certify that X1) (this hasp	Labraced t	the deceased from_	Februa	ry 25 19-86	— 10 Februar	y 28 19	-86-	thatXII (we) last	
Spire Spire CCT d for n 21		saw the deceased alive of abave, (IVwe) (did) (did V	or view the bad	y after death		d that in (XX(our) opinion	death occurred on the d	ate and hour a			
OR OR DIRE		22b. SIGNATURE	17 air	el	1 194	DEGREE ATTENDING	MEDICAL STA	FF	22c DATE	SIGNED	
HAL by th All den den are	1	201 DUNGIGIANUS NIAMS				PHYSICIAN [DIRECTOR PHYSI		1 2-2	8-86	
Ded Park		22d PHYSICIAN'S NAME TYPE									
O HOS etoined TO Fun Historia		Adam Faill,	STREET, STREET			9000 Frank		Dr., 21	237		
F: "	230	BURIAL, CREMATION, REMOVA	10000	10		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
BP	1	ur al	3/3/8	86 Plo:	lly H	11 Memorial C		ltimore	Count	y. Md.	
DHMH - 16 60M 7/84	10	INFRAL DIMETOR) /	- Jacons		A.A.	E REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAT	ÜRE	
(VRA 15, 4)	Br	uzdzinski Tuner	'al Jiome	1407	Uld E	astern Ave. Mi	4 1900	June Du	half of Company of the		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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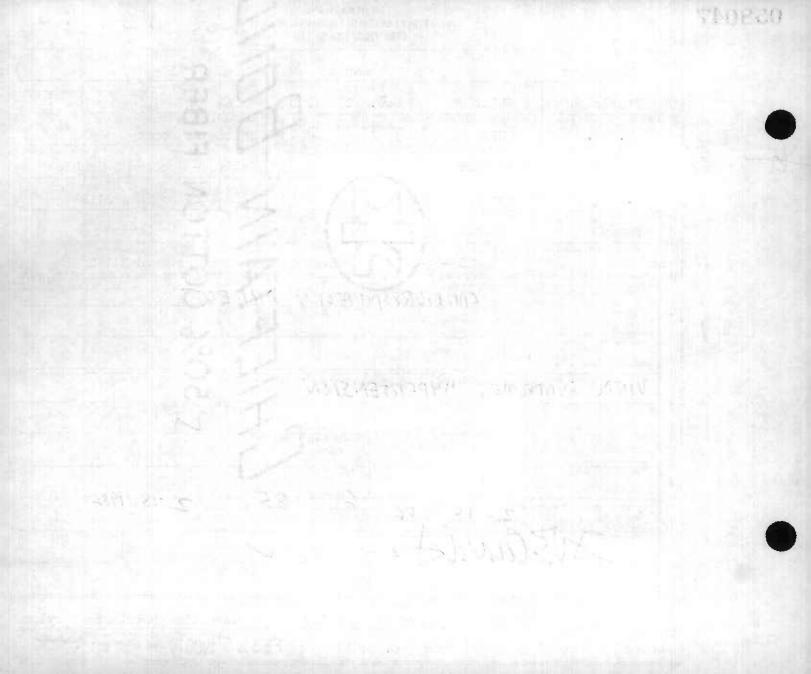
								KLO. I	10.				
	EASED NAME FIR	tST /	AIDDLE	LAST			20. DATE OF DEATH MONTH DAY				YEAR	26 HOU	JR
(TYPE C	Genevieve				Adams			Feb.	20	1986			M
3. SEX		4 RACE		S. DATE O	FBIRTH		6 AGE	IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	
	Female	Whit	e	Nov.	28	1923		62	YRS		DAYS	HOURS	MIN.
	THPLACE I STATE OR FOREK	76. CITIZEN OF	WHAT COUNTRY?	8	NEVE	R MARRIED	9 BALTIA	AORE CITY	OR COUN	ITY OF DE	ATH	-	
	W. VA.	USA		WIDOWE	D	DIVORCED [Bal	timore		-	3 8		MD.
W	Y OR TOWN OF DEATH	5828 S	HOSPITAL, NURSIN HEACHITY, GIVE STREET A TEVENS RO	address)	R OTHER IN	ISTITUTION		occupa ork for most ired-		tor &	USIRY Gan	nble	ISS OR
13a. ST	RESIDENCE (IF NURSING H ATE 13b		GIVE RESIDENCE BEFORE 13: CITY OR TOWN White Mar		13¢ INSIDE	CITY LIMITS?	13e STREE	ADDRESS Stev	/ ZIP CC	Road	2116	52	
14 FAT	HER'S NAME	MIDDLE	LAST	7.5	15 MOTHE	R'S MAIDEN N	IAME	MIDDLE					
P	Stump	Ad	ams	50	An	na		100		Davis	avis		
160 W.	AS DECEASED EVER IN U	I.S. ARMED FORCES?	16b. SOCIAL SECUI										
no	S NO OR UNKNOWN)	res one wan on pares,	235-34-3	3078	John	Adams	5828	Steven	s Ro	ad 21	162		
CERTIFICATION	PART 2 OTHER SIGNIFIC	DUE TO, OI ANT CONDITIONS CO	R AS A CONSEQUE	EPST E	161	0/		ASE OR COI	20b. IF	GIVEN IN I	E FINDIN	NGS USE	
RTIFI			r h i ii i i i		101 110111		YES			YES		NO [
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	OF DEATH HOUR A.	M. MONTH DA	YEAR	716 HOW	INJURY OCCU	JRRED (ENTER	NATURE OF IN	URY IN ITEM	18 PART I OR	PART 2)		
144	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCA STR	TION		CITY OR T	OWN	col	UNTY	5	STATE
1 1					6	- 0	5	-	> -1	0 19	186		
	22a I certify that (I) (this saw the deceased of		19		d that in (m	y) (our) opinio	n death occu	rred on the	dote and l		,	that (I) (s	
	27h SIGNATURE	VSCUA	rlA	2	PEGIFEE	ATTENDING PHYSICIAN	DIRECTO	AL STA	AFF ICIAN []	22	c. DATE	SIGNED	
	22d. PHYSICIAN'S NAME	(TYPE OR PRIN			22e ADDR								
	JRIAL, CREMATION, REM					R CREMATORY		CATION LITY OR TOWN		COUN	TY		STATE
	Burial	2/22/	86 Gar	cdens	of Fa	1th	Ro	ssvill	e B	altim	ore	Mary	Jlan

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Connelly Funeral Home 300 Mace Ave. 21221

FEB 25 1986 June Davidon Williams



55166	1.	FOR SI GISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	YGIENE 8 6 0 3 5 3 4 REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR				
ne 10		CEASED NAME FIRST OR PRINT) Hilds	M.		AST	20 DATE OF DEATH				
0 0				Ada			2 18	86	3:40 A _M	
ge 4 mc ector irs off	3 SEX	Female	White	S. DATE C		6 AGE (IN YEARS LAS	YRS YRS	UNDER 1 YEAR		
in 72 hau		RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CIT Baltimo	re, County o		MD	
by the full with		TOWSON		ursing H	ROTHER INSTITUTION ROME - Towson	120 USUAL OCCUP (TYPE OF WORK FOR MO Homema)	ST OF WORKING LIFE)	12b. KIND INDUSTRY	OF BUSINESS OR	
filled in rould be fmustibe	_	ALRESIDENCE (IF NURSING HOME OF TATE 13h, COUR	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	TOWN imore	13d INSIDE CITY LIMITS?	13e.STREET ADDRES	SS / ZIP CODE Leetwood	Aveni	ue 21214	
ompletely and 2 sh	14 FA	THER'S NAME FIRST George	MIDDLE LAS	rey	IS MOTHER'S MAIDEN NAME FIRST Lille	MIDDL		Cas	sh	
nd co		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	SECURITY NO.	17 INFORMANT		DRESS	100		
S. Po		No	216-4	44-0699	Dale C. Mo	rey 2111	Graython		× 21220	
w requires that the accuming the strange of the offen please remove cannot build, cremotion, cannot injury, or other fraumon.	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b)	SEQUENCE OF			20b. IF YES, V	VERE FIND	INGS USED	
the lo	TIFIC					YES NO		G CAUSE	S OF DEATH?	
G PHYSICIAN otherding physic this certificate the burial-trons and Mental Hyg ked or Item 18 sl	MEDICAL CEI	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOTIFY MILE AT WORK	HOUR A.M. MONTH	19	216 HOW INJURY OCCURE 211 LOCATION STREET		NJURY IN ITEM 18 PART	OR PART 2)	STATE	
OR ATTENDING e hospitol or a DIRECTOR: Afte iched for use os Dept. of Health i hem 21 is mort		220 I certify that (1) This haspi	otal) attended the deceased f	19 86 ar	nd that in (my) (pur) apinian of DEGREE	death occurred an th	N. 27.1		, tha (I) (we) last e causes stated E SIGNED	
O HOSPITAL etoined by the TO FUNERAL should be deto with the Siare I		22d PHYSICIAN'S NAME (1996 of Dr. Bruce Ro	semberg		ATTENDING PHYSICIAN 220 ADDRESS 1134 York	DIRECTOR PHY	1204			
BP	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	^{23b. DATE} Feb 20,1986		emetery or crematory wn Cemetery	236 LOCATION	imore	Mar	yland	
OHMH - 16 60M 7/84 (VRA 15, 4)		eonard J. Ruck			21214 250. DAT Harford Rd.	EB 19 19			TURE PANDAR	

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DHMH - 16 60M 7/84 (VRA 15, 4)

ORT

224 PHYSICIAN'S NAME ---- DEPOND

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Dr. Eddie Nakhuda

23h DATE

FOR

1986 Glen Haven Mem. Burial Park | Glen Burnie 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE was transferen Glen Burnie, Md. Singleton Funeral Home

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

2300 Dulaney Valley Rd. Towson, Md.

236 LOCATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

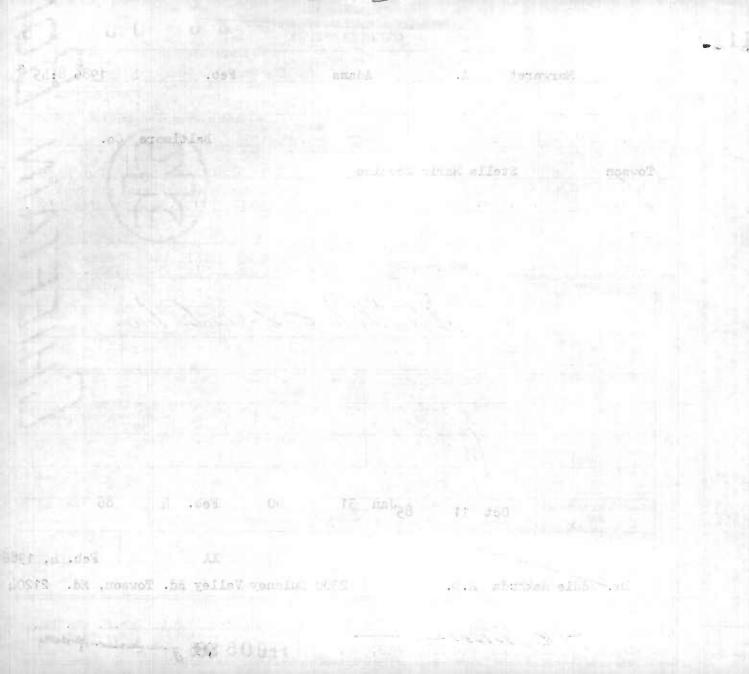
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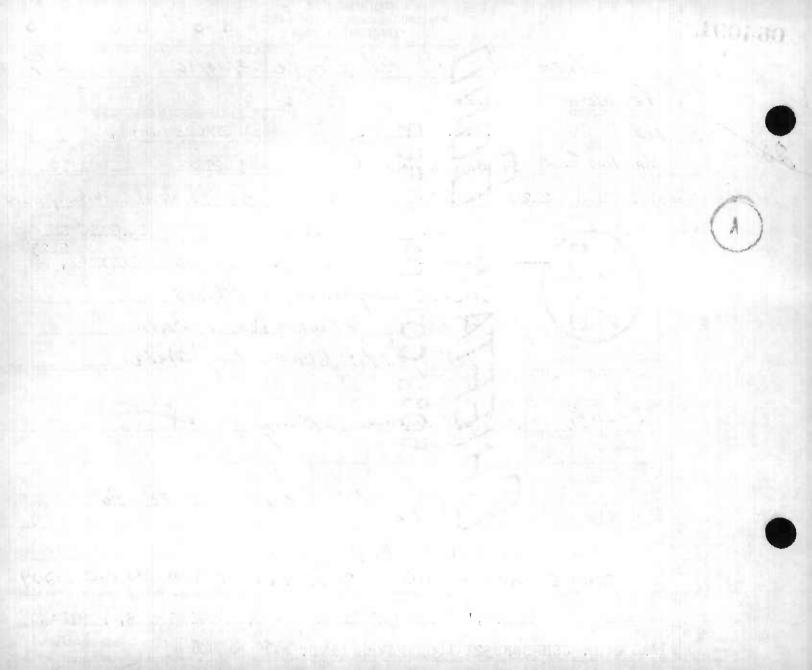
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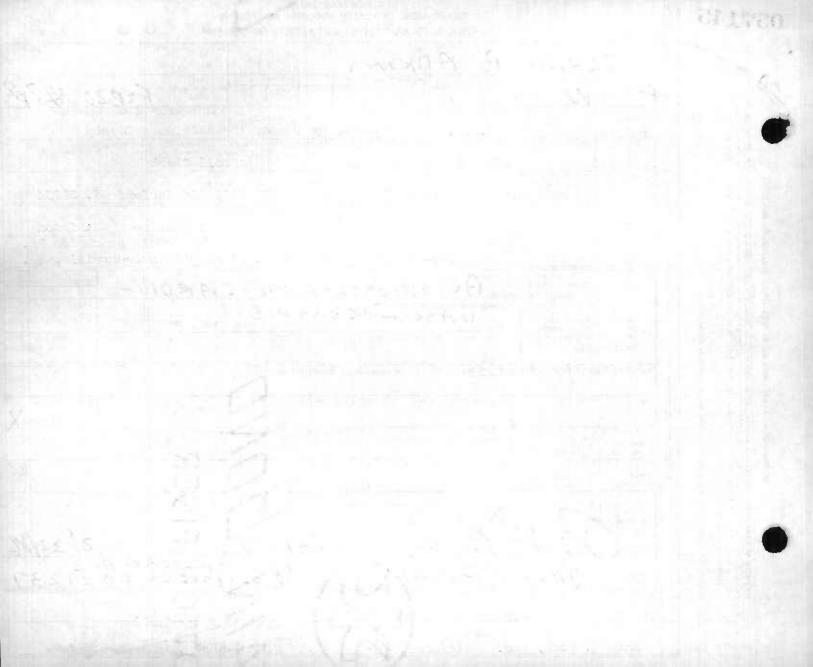
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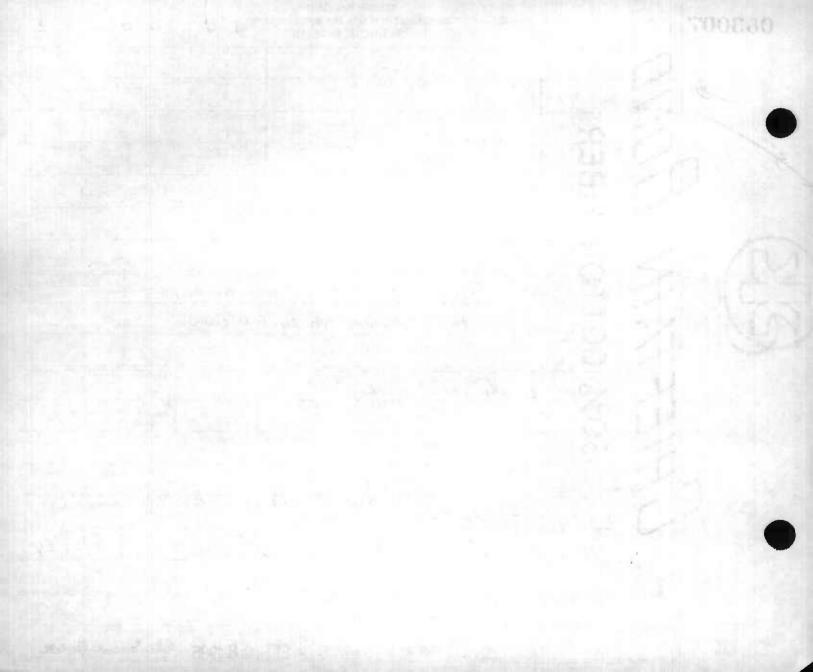
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pog pr de	3 SEX			RACE		5 DATE C	F BIRTH	rSER	6 AGE IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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11 11		PLACE (STATE OF	OREIGN 1	L CITIZEN OF	WHAT COUNTRY?	18	7		9 BALTIMORE CI	YRS	Y OF DEATH	
1 1 25	M	D NIRY)		U.	S.A.	WIDOWE	NEVER A	VORCED	BALTIMO	_		MD
12		OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL, NURSI				12a USUAL OCCU	PATION	126. KIND O	F BUSINESS OR
00	DN.	larylano,	Towsell	St.	JOSEPH A	tospit	1		HOSTE	OST OF WORKING L	EDUCA	TION
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9 (20		YLAND		1214	BALTIM	DRE	YESXX	NO 🗌	2517	E. No M	iern Parl	יובובץ חש
1 / 12/	III, FATH	ER'S NAME FIRST	N	IDDLE	ĮAST.		15 MOTHER'S	MAIDEN NA	ME	N F	LAS.	
1 No	/	ARTHUR			MILL			LICIA		I	PONIATO	WSKI
		DECEASED EVER		WAR OR DATES)	16b SOCIAL SECT		17. INFORMA			DDRESS	February.	21234
1 15		NO OR UNKNOWN)			\$15-05-	9800	CHARL	ES W.	ADELSBE	RGERBA		
DAN CO	18	CAUSE OF DEAT	H Enter only	y one couse p	The for 10), (br. or	nd ici	. U.	-	MAD		BETWEEN	MATE INTERVAL DISET AND DEATH
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ondir corting n, or				DUE TO, C	ONEOU	ENCE OF	Wish		D.	8	114	
REST added nove notion traur		onditions, if any,		(6)_	TANSMIT	nang l	12/16	Chrz.	Viseure,	Deller		
es that the death cer ned by the attending please remove carbo urial, cremotion, ar re v. or other traumatic e		ouse (a), statin	g the	DUE TO, O	18 18 18 M	SHOE OF	hee n	DA DULLER	in brack	Vanna.		
201 ed b pleos rriol,		ART 2 OTHER SIGN		101	ONTRIBUTING 16	DEATHBUT	NZ NI	neemys	in work	wie		
aurre quire		AKI 2 OTTEK SIGI	VIFICAINT C	ONDITIONS C	ON TRIBUTING	DEATH BUT	and websiten	TO THE TERM	INAL DISEASE OR C	ONDITION GI	VEN IN PART 10	4
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir to oftending physicion. (fer this certificate has been sig os the burol-transit permit. Then th and Mental Hygiene prior to b orked or, frem 18 shews any injury	CERTIFICATION	DATE OF OPERA	ION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	20b IF YE	S, WERE FINDIN	IGS USED
L Re lo on	- <u>F</u>	2-21-8	16	Add	engares	nouse	- Le	Hleve	YES T NO!		FYING CAUSES	OF DEATH?
VITA Nysicia Coote Coote Mygu Hygu Hygu Hygu	W 21	a. ACCIDENT WAS UND	-	110110	OF INJURY		21c HOW IN	JURY OCCUR	7			
OF OF Physical Physic		R CONTRIBUTING (77	A.M. MONTH D P.M.	AY YEAR		V				
HYS nding i bur or If		INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATIO	N	C11 V	ORTOWN	COUNTY	STATE
IVIS JG P otter ter t street hang		WORK NOT WH	RK R	(ATHOME S	TREET, FACTORY, OFFICE	FARM, ETC)	av a	6. 1	,	0 0	A /	STATE
A Af A Af A A A A A A A A A A A A A A A	22	a I certify that (h	(this hospite	ol) ottended t	he deceased from	21	2-3	. 19.04	to D	1-16	1926	that (I) (we) last
ATTENTION OF HOUSE		sow the decease	d alive on_	view the bod	y after death	on on	d that in (my)	(our) opinion	death accurred on the	he date and ha	ond from the	ouses stated
OK to hose box of them	27	SIGNATURE	/	1/2	12	, [EGREE				22c. DATE	SIGNED
7 - 1 - 0 - 1		1000	11	Mu	ller	M		TTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [
HOSPITAL ined by the FUNERAL old be det on the Stote	. 22	OPHYSICIAN'S NA			en An	2	The ADDRES		V 20 T	OUSO	11.00	2.2011
TO HOSPITAL retoined by a TO FUNERAL should be de with the Stott		70H	VE.	MILL	LER, M	U	160	0- YOR	K RD T	0~50/	O MAD	21204
T o r r r r r r r r r r r r r r r r r r		IAL, CREMATION,	REMOVAL	23b. DATE	The second second	NAME OF CI	METERY OR C	REMATORY	23d LOCATION	IN	COUNTY	STATE
BP		ÜRIAL		MAR.4	, 86 NE	W CAI	HEDRA		ETERY BA	LTIMOR		RYLAND
DHMH - 16 60M 7/B4		RAL DIRECTOR			ADDRESS			250. DAT			TRAR'S SIGNATI	ure
(VRA 15, 4)	MIL	LIAM E.	JOHN	VSON85	21 LOCH	RAVE	EN BLV	D. MA	R 3 1986) June		



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SANE BANK	7a BI	REIGN COUNTRY)	DR	76. CITIZEN OF WE		RY?	ARRIED N	EVER MARRI	ED 9 BALII	MORE CITY OR	COUNTY OF	DEATH	
A272		aryland		U.S.			OWED XX	DIVORCE		timore			MD.
PERES	10. CI	TY OR TOWN OF	DEATH	11. NAME OF HOS			OTHER INSTIT	UTION	120 USUAL OCC		F WORK 12b K	CIND OF BUS OR INDUSTR	Y
308 TO		Parkville				ford Ro	ad		Payrol1	Clerk			
Cost Sun	13e. S		NURSING HOME OF	ROTHER INSTITUTION, GT	VE RESIDENCE BE	FORE ADMISSION)	liad. INSIDE	E CITY LIMITS?	13e STREET ADD	RESS			
# 44F4555		Md		imore		ville	YES [d Harfo	rd Rd.	21234	1
Same B	JL FA	THER'S NAME		MIDDLE	i.a.	C 7	IS. MOT	HER'S MAIDE	NAME	MIDDLE		LAST	
# Sus 25 30	Vc	harles		Henry		ngham	Mae		Ca	therine	At	kinson	n
O DESCRIPTION TO		VAS DECEASED EV			16b. SOCIA	AL SECURITY NO	17. INFO	RMANT		ADDR4516	Beach	side l	Dr.
PART SOS /	1 1	no	(IF YES, GIVE V	VAR OR DATES)	212-0	1-5569	Char	rles H	Birming	ham Ste	vensvi	lle, I	Md.
A SOE SE		18. CAUSE OF DE	ATH (Enter anl	y one cause per me	far (a), (b), a	and (c).)			-		25	APPROXIMATE TWEEN ONSET	
TON ST FEMAL GIENE, DVAL		PART I DEATH	I WAS CAUSED		RIZ	RIDS	CLER	OTIC	CA	RDIU	- 00	TWEET ON SET	AND DEATH
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E SECTION OF THE SECT	17		if any, which	1	1 KT-50	CULIT	c pis	2133			1374		
W. W		cause (a) stat	ta immediate	DUE TO, OR	AS A CONSI	EQUENCE OF							
E EXXXXX		lying cause lo	ast.	(6)									
AND		PART 2 DTHER SIGNIFI	CANT CONDITIONS C	DNTRIRUTING TO DEATH	BUT NOT RELATE	D TO THE TERMINAL O	ISEASE OR CONDIT	IDN GIVEN IN PAI	RT 1 (a)				
SALES OF STATE OF STA	Z		E de la										
A CANAGE	PICATION	190. DATE OF OPI	ERATION	196. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFO	DRMED?	- 1		20	AUTOPSY?	
A DOUGHER A	12	207836		1 199								YES 🗌	NO
DIVISION OF VITAL SCREECATE SHOU ROED TO THE CHIEF RESTANDILD BE USE EDEPARTMENT OF I	1	210 EXTERNAL C.	AUSE WAS	216. TIME OF		2	c. HOW INJUI	RY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18 PA	ART I OR PART 2)	100	110
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NA CHEST	포	WHILE AT WORK	OT WHILE	STREET, FACT	TORY, FARM, ETC.	.)	STREET		CITY OR	OWN	COUNTY		STATE
THWAN STATE										~			
# 5 8 F 6	1	22a. I certify th	at I took charge	e of the wmulin des	cribed abave	e, held an	utopsy [Inspection	n L, Inquir	and	in my apınıan		
WE HOTE		death resulted	ism Natur	of contract	Accident L	Suicide	L., Har	nicide .	Undetermined	manner			
2000年1000		ACTUAL /	Mark	VVM	.114		TITICE	(SPECIEY)	-4		DATE 7	2/27	18/
325324	1	SIGNATURE	rom	100	mu		_M.D/	2101	MEDICAL EXA	MINER	SIGNED_	-120	106
SEAS SEAS	1	EXAMINER'S NA	MENAU	LICI	-V 21	ZIN		130	JIKE	ORE	100	2 2	27
A STATE OF S		(TYPE OR PRINT)	1110	, ,			ADDRESS	151		7120	1	-14	2/
E06449	23e.B	URIAL, CREMATION	N, REMOVAL 2	3b. DATE	23c. NA	WE OF CEMETE	RY OR CREMA	TORY	23d. LOCATION CITY OR TOWN		COUNTY	51,	ATE
BP	0	remation		2-22-86	Lo	oudon Pa	rk	Inc. DATE	Baltime REC'D. BY REGISTI	ore, Md.		ATUDE	
DHMH - 17		NAME		ADDRESS									
(VR A15 ME (5))	1	eonard J	. Ruck,	Inc. Ba	ltimo	ce, Md.		FEB	24 1986	gilia da	vidon-A	andelle	



007	1-	STATE REGISTRAR			DEPAR		ICATE OF E	MENTAL HYG DEATH	SIENE 8	S REG. N	0	3 3	5 0
		EASED NAME	FIRST		WIDDLE	L	AST		20. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
2	LIAME	OR PRINT)	MARY	(CARMELA	A	IOSA		1.37		2 25	5 86	6:40P M
2	3. SE)			4. RACE	J. 2. C. 2	5 DATE C	F BIRTH		6. AGE (1	N YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		W	nite	MONTH 9	15	12		73	YRS	MONTHS DAYS	HOURS MIN.
0	7a. BI	RTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY	(2 8			9 BALTIN	ORE CITY C		OF DEATH	
7		ountry) Iew York		U.S	Δ	WIDOWE	NEVER /	VORCED	Ba	ltimor	e Cou	ntv	MD
1		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURS	ING HOME			12a USUA	LOCCUPAT	ION	12b KIND	OF BUSINESS OR
1	Т	ansdowne			Victory					ork for most on tress		FE) INDUSTRY	
1	USUA	L RESIDENCE (IF NU		ROTHER INSTITUTION	GIVE RESIDENCE BEF	DRE ADMISSION)							
9	1900	ryland	Ral	timore	Lansdo		13d INSIDE C	NO X		7 ADDRESS 7 Vict			21227
5		THER'S NAME	1 Iui			WIIC		S MAIDEN NA			OLY D.	LIVO L	122,
7)	Salvato	re	MIDDLE	Irac	i	Ma	FIRST		MIDDLE		Eman	
H		AS DECEASED EVE	R IN U.S. AR		166 SOCIAL SEC		17 INFORMA			ADDR	ESS	Ziriota i	
	()	NO OR UNKNOWN)	INFYES GIV	VE WAR OR DATES	086-09	-3678	Patric	ck W. A:	ioso	2832	Alabar	ma Ave.	21227
1		18 CAUSE OF DEA	TH (Enter or	nly one couse ne			racire	71. 11.	1000	2032	I I Labour		XIMATE INTERVAL
1		PART I. DEATH	WAS CAUSE	D BY. TE CAUSE (a)	Asonoc	ALCIN	MA D	of co4	on 1	18TA87	MAC	BETWEEN	ONSET AND DEATH
			IMMEDIA										
		Conditions, if an	v. which	DUE 10, C	OR ASA CONSEG	KITON	OM C	AVITY.	+ 156	400ere			
		gave rise to in	nmediate	DUE TO	R AS A CONSEO	LIENICE OF							
1		underlying cau		(0)	IR AS A CONSEC	DENCE OF							
	Z	PART 2 OTHER SIC	NIFICANT	CONDITIONS C		DEATH BUT		18 THE TERM	VINAL DISE	ASE OR CON	IDITION GIV	VEN IN PART 1	0
\dashv	ATIC	19a DATE OF OPER	1	196 COND	ITION FOR WHIC			RMED	200 AL	TOPSY?	20b. IF YE	S, WERE FIND	INGS USED
4	IFIC								YES	NOU	IN CERTI	FYING CAUSE	S OF DEATH?
	CERTIFICATION	21a. ACCIDENT WAS U	NDERLYING [21b. TIME C			21c HOW IN	JURY OCCUR					
		OR CONTRIBUTING			.M. MONTH	DAY YEAR							
I	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATIO						
	W	WHILE NOT V	VHILE	(AT HOME ST	REET, FACTORY, OFFIC	E FARM, ETC }	STREET			CHYORIC	JWN	COUNTY	STATE
1		22a.1 certify that	-	itol) attended t	he deceased from		est	19 79	to	De	Will	19	that (I) (we) los
		sow the deced	sed alive an	2/2	2/86		d that in (my)	(aur) apinion	death occur	rred on the d	ate and hav	ond from the	couses stated
1		226 SIGNATURE	telle Welle no	view the body	otjer death.		DEGREE					22c. DATE	SIGNED
1		P	10,00) Ku	and the	140		ATTENDING PHYSICIAN [MEDICA			21	27/86
		22d. PHYSICIAN'S	NAME ITYPE	OR PRINT!		-	22e ADDRES		g Directo	7		- (4 0
		Albin Ku	ıhn				1100	Pine H	ts. A	ve.	Room	202	
		URIAL, CREMATION		23b. DATE	23	. NAME OF C	EMETERY OR		23d LO	CATION	1.0011		
		Buria		3/1/				emetery	Ba	1timor	e	COUNTY	Maryland
	24 FL	INERAL DIRECTOR	4.4	1 2/1/		2	1229					TRAR'S SIGNA	
14		NAME	7		ADDRESS		1227	FF	0.0	4000	Letia 1	Touis a 7	5



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR
- STATE
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 5

И		CEASED NAME	FIRST		MIDDLE	i	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
71	TIPPE	OR PRINE)	Helen	,	.1	Oller	moder			a	15 36	3 250	2.M
N	3. SE)	X	ICIETY	4 RACE	N	5 DATE C	F BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HI	
	7		3.0	0-		MONTH	DAY	YEAR	80	,	MONTHS . BATS	HOURS MI	uN.
	7a RI	IRTHPLACE ISLATE ORI	OBEICN	LADOCA!	WHAT COUNTR	V2 8	15	1396	9 BALTIMORE CITY	LVA	V OF DEATH		
1		COUNTRY)	OREIGIN	7B. CITIZEN OF	WHAT COUNTR	MARRIE	DINEVER	MARRIED -	D	OK CODIA	OFDEATH		
1		outh Carolin		<u> </u>	100000000000000000000000000000000000000	WIDOWE		VORCED [Daltim	1 97	anty.		MD.
1	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		OR OTHER INS	TITUTION	120 USUAL OCCUPA			F BUSINESS	OR
1	13	Saltimore		Summi	4 Dursin	n Home	>		Sorbrity H	ause M	10ther		
1		AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEF		1 13d INSIDE C	COTIANI I VII	13e STREET ADDRES	S / 71D COI)E		170
5	10	naryland	12.11	timore_	Baiche	- star	YES T	NO []	11 Wolst	~ (1)	0.1	1136	
-		ATHER'S NAME			1181310	121000		S MAIDEN NA	1 1 1 1 1 1 1	an I Ch	0	100	_
0) .	FIRST	1.	MIDDLE	LAST		Ue.	FIRST	MIDDLE		LAS	1	
	14- 14	WAS DECEASED EVER	IN ILE AR	MED EODCESS	166 SOCIAL SE	CURITYNO	17 INFORMA		ADC	RESS	Die	35	
		YES NO OR UNKNOWN)		WAR OR DATES)	TOU SOCIAL SE	COKITE NO.						0	0.4
		No	NO		018-30	1-573b	CLA	RA Bos	LEY	R	EISTERS		2_1
Н	- 1	18 CAUSE OF DEAT			line for (a), (b),	and (cit)	1	124		-	BETWEEN	IMATE INTERVAL ONSET AND DEAT	TH
		PART I DEATH W		E CAUSE (b)	Circle	lis 11	a chore	123 BL L L	1 a LLC	J. 1			
					R AS A CONSEG	VIENCE OF	100						
		Canditions, if any,	which	1	R AS A CONSEG	VUENCE OF							
		gave rise to imm	nediote	(b)									_
	4.1	underlying cause		DUE TO, O	R AS A CONSEG	DUENCE OF							
				(c)									
	z	PART 2. OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	0	
_	10	O MICE	- Jan	2120	. 0	ene-	i te	ysk.	eres -e	ren			
7	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	MMPD	20s AUTOPSY?		ES, WERE FINDING CAUSES		
	TIF	CONC. P. LONG		1				9.5341	YES NO		res 🗌	NO 🗌	
7	CER	218. ACCIDENT WAS UNE	No.	110110 1	FINJURY M. MONTH	DAY VEAD	21¢ HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN	NJURY IN ITEM 18	PART 1 OR PART 2)		
	AL	OR CONTRIBUTING		173	M. MONTH	19							
	MEDICAL	21d INJURY OCCUR		21e PLACE		17	211 LOCATIO	NC					_
	ME	WHILE NOT WE	TILE [(AT HOME STE	REET, FACTORY, OFFIC	E FARM ETC)	STREET		CITY OR	TOWN	COUNTY	STATE	
		AT WORK AT WO				141	1110	7	/ / / / / / / / / / / / / / / / / / / /	1 cl	10 06		-
		220 1 certify that (1) saw the decease		ail X	e deceased from	7-/		. 19	, to			that (I) (we) I	
		obove, (1) (we) (a				, or	nd that in (my)	(our) apinion (death occurred on the	date and ha	out and from the	couses stated	
		226. SIGNATURE			0		DEGREE (22c DATE	SIGNED	
	4.0	1)-	Trees	3 6	toro	-	VUL	TTENDING PHYSICIAN	MEDICAL ST	SICIAN []	2/1	7/86	
	-15	224 PHYSIGIAN'S NA	AME (TYPE O	PRINT	0		22e ADDRES		7	я	1.0	,	
			·1.	6.	Kow	6	2	Sirver	voit 16	. Le sal	von N	V>21 5	
_	23a B	BURIAL, CREMATION,	PEMOVAL	23b. DATE	122	c. NAME OF C	EMETERY OR	CDEMATORY	123d LOCATION		1		=
		(SPECIFY)	JAVOMI						CITY OR TOWN		COUNTY	51	0.
		BURLAL		2/17/	86 4	LL SA	INTO (CEMETE	DV Deter	COCT.	DIAN DA		-

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

ELINE FUNERAL HOME, REISTERSTOWN,

250 DATE REC D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE FEB 20 1986 Fund Junion Andrew 24 FUNERAL DIRECTOR MD.

SALE TO

GLARA BOSLEY REISTERSTORN, D

ELEN

BURIAL 2/17/86 ALL SAINTS SEMETERY REISTERSTOWN, SALTIMORE

ELINE FUNERAL HOME, REISTERSTOWN, MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 071113 20. DATE KNOWN (7) I. DECEASED NAME 7h HOUR MONTH ALFEROV TYPE OR PRINTS ESTI-DEATH MATED Aleksander 13/19 86 6. AGE (IN YEARS IF UNDER 1 YR. LIF LINDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 49 36 Male White 19 DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATEOR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Bulgaria Bulgaria WIDOWED [DIVORCED Baltimore County, ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Driver Trucking - NEW Dundalk 8315 Stansbury Rd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COLINTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 8315 Stansbury Rd. 21222 Dundalk Balto. Md. YES NO [] 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Michael Maria Leonid Alferov ADDRESS 3105 Four Seasons 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LUEYES GIVE WAR OR DATES Mr. Christian Alphioroff Balto., Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER: This ICATE, WRITING E FORWARDED TO This PAGE 3 SHOULD BE TO TE DEPARTMENTOTION OF THE PROPERTY OF THE PRO YES -NO V 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ATTOR MONTH DAY YEAR UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH 10:00 MAM2/13/ 19 86 self inflicted wound 21e PLACE OF INJURY (AT HOME II. LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 ATTER DEATH, WITH THE STATE DE BALITIMORE, MARYIAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK AT WORK butside warehouse 8315 Stansbury Rd., Baltimore County, Md Inspection X 220. I certify that I took charge of the remains del cribed above, held an Autopsy Sicide X Hamicide ___ Undetermined manner TITLE (SPECIEY) DATE SIGNED 2/14/86 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth 111 Penn St. M.D. (TYPE OR PRINT) ADDRESS. 230 BURIAL CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Removal 2/14/86 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Balto., Md. Anatomy Board (VR A15 ME (5))

MIDDLE

FOR

REGISTRAR

DECEASED NAME

- STATE

066118

BP.

DHMH - 16 50M 4/B3 (VRA 15, 4)

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE | INDUSTRY Meverhoff Co. 13. STREET ADDRESS / ZIP CODE 4309 Necker Avenue 21236 Eichaltz Walter Ave. 21236 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 184 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [THE HOW INJURY OCCURRED (ENTERNATURE OF PART IN FIRST III. PART I DRIPART 2) COMMIT DANE that in Imy (our) opinion death accurred on the date and hour and from the course stated 7h: DATE SIGNED 20 PHYSICIAN M DIRECTOR PHYSICIAN 7501 York Rd. Towson, Maryland 21204 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) Sweet Air, Maryland Burial 2-24-86 St. John Luth.Cem. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR E.F. Lassahn, 11750BelairRd.Kingsville, Md.21087 00 0000

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

2h HOUR

IF UNDER 1 YEAR

6P

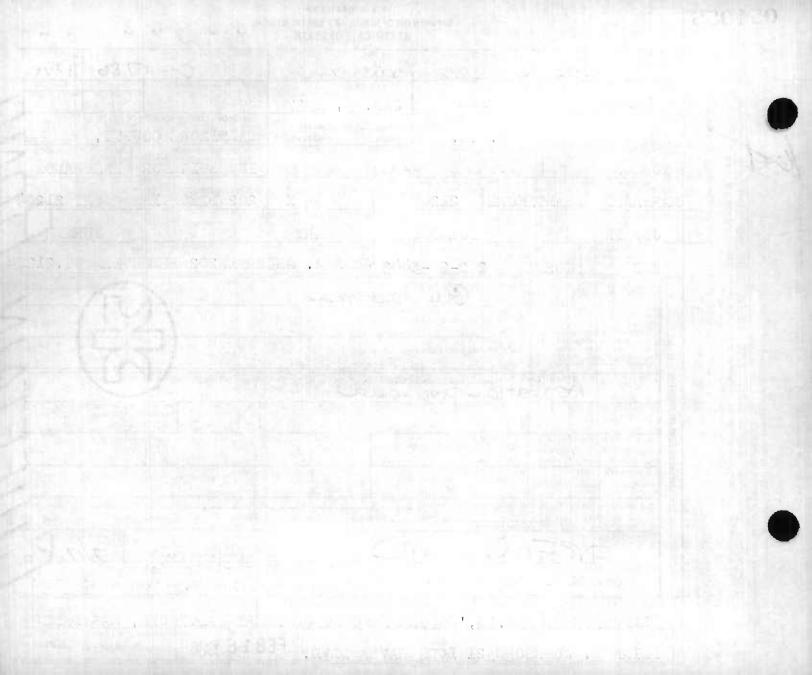
IF UNDER 24 HRS

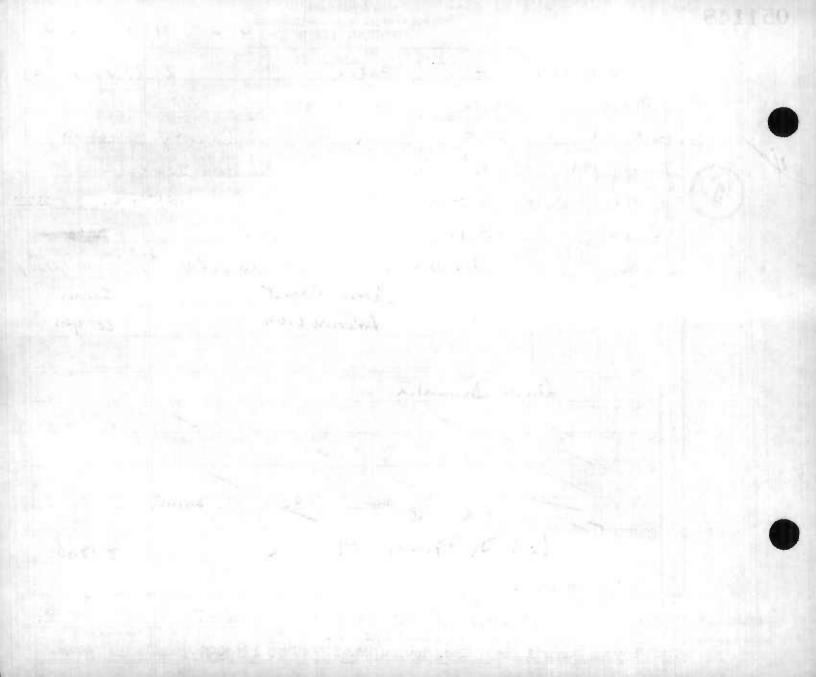
20. DATE OF DEATH

2-U-S						
					55208	5,146
	20,0171					e i e e e e e e e e e e e e e e e e e e
Tronte of	talking					
S. E. Santo E. S.					promition.	s of the
					PAL XER	mho.
ACAR VV	Invi	ome		10-28 Cale 110		
25.5			- 55	PORTO C		

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DIVISION OF VITAL





FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0000		REGISTRAR					REG. N	0.		
		CAPPENT FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
1		HENRY	FENIMO	DRE BAKEI	R, JR.		FEBRUAR	Y 25,19	86	4714
1	1.58		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1,	4	Male	White	9	Febr	ruary 13, 1897	89	YRS.	5415	NOUNS INDI
60		THPLACE THATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	X NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	FDEATH	
0/		New Jersey	USA		WIDOWE		Baltimo	re Cour	nty	N
W	In CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATE			BUSINESSO
60	6	Towson	Eden	wald-800	South	erly Road	Manager		Bank	3
121	USU.	AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
13	Ma		timore	Towson		YES NOXX	800	Souther	rlyRd.	21204
ADI	94. FA	THER'S NAME	MIDDLE	LAST	4 1	15 MOTHER'S MAIDEN NA	ME		LAST	
200		Henry Fenimor	e Baker	, Sr.		Cora	W.			
1 100		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	809 Chumi	eigh Ro	1.	
1	,	Yes, no or unknown) (IF YES, GI	TT OR DATES)	216-03-6	580	Burton N. Co.	x Baltimor	e, Md.	21212	2
4		18 CAUSE OF DEATH (Enter o	nly ane cause pe	line for (a), (b), and	ic.	1 . 1	. 11 +		APPROXIA BETWEEN O	NATE INTERVAL
1	8	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (o)	Oll	Ma	ulas ful	rullostier	1	2 V	un.
3400		ALC: N DA SE	DUE TO, C	R AS A CONSEQUE	NCE OF	11. 2 4				
no.		Canditions, if any, which	(b)_	Color	rall	1 Leave 1	Mean			
2		couse (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF					
0		underlying couse last	(c)							
ALC:	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ira	1 1
1	AT10	190 DATE OF OPERATION	10h COND	IT ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Tank IE VES V	WERE FINDIN	CSLISED
19	FIC		110 00110		O' EKATIO	T TAG TENT ON MED		IN CERTIFYI	NG CAUSES	OF DEATH?
3/	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES	LI OP BART 21	NO [
-4	AL C	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA			TENTER MANDRE OF THE	NI PAINCINI ID PARI	100000000000000000000000000000000000000	
-/	DIC	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P 21e. PLACE	M. OF IN IURY	19	211. LOCATION				
2	ME	HAL NOT WHILE		REET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
mark		220.1 certify that (I) (this hasp	stal) attended to	o desessed from	We I	10 017	701-	75	86	
4		saw the deceased alive or	tel	17 198	6 , on	d that in (my) (and opinion of	death accurred on the de	ate and hour a		hat (I) (we) la causes stated
1		above, (I) (We) (did) (did no	ot) view the bady	after death.		DEGREE			22c DATE S	
-		all 2000	7	hen	R	ATTENDING _	MEDICAL STAI		2/8	101
37		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	,40,0		22e ADDRESS	PHYSIC	IAN []	1 1 -0	180
5/		William F.	Fritz,	M.D.		2 W. Univers	ity Pkwy. B	altimor	re, Md.	2121
134	22- 0	LIDIAL CREMATION RE-	Tan Bars	I an a	1415.05.0					

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

74. FUNERAL DIRECTOR

Feb. 28,1986 Druid Ridge Pikesville, Balto. Co., Md.

6500 York Rd. 250 DATE REC'D. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	119	100	149		
0	U	ú	3	4	
DEC NO					

	1-	FOR STATE REGISTRAR		DEPARTM	MENT OF HEALTH AND MENTAL HYGIENE 6 0 3 5 4 5							
1		CEASED NAME FIR	rsī .	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR								
	11111	Rober	t Anth	3	February	3. 1	986	11:28 ^a				
	3. SEX					OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	-	
1	11	MALE	Wh	ITE	NO	1. 21, 1985				HOURS MIN.		
4		RTHPLACE STATE OR FOREIC	Th. CITIZEN OF	76. CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O					
1	M	PRYLAND	U.	5. A	WIDOWE		Baltimore County,					
r	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	ON .		F BUSINESS OR			
1	B	ALTIMORE	FRAM	FRANKLIN SQUARE HOSP.			TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
á	13a. S		OME OR OTHER INSTITUTION COUNTY BAITIMORE	13t. CITY OR TOWN	1	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE		2/221. DR.		
7	14. FA	THER'S NAME	WIDDIE			15. MOTHER'S MAIDEN NAM	ME	7,0			-	
7		ROBERT	E,	BALMO	75	THERESA	J. MIDDIE		HUGH	ES		
		VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)									
		NO		NONE		KODERT E.	, BALMOS 1404 B. BROWNING D					
		18 CAUSE OF DEATH IE	nter only ane cause pe	r line far (a), (b), and	(C))		774	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		18 CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiopulmonary Arrest IMMEDIATE CAUSE (a)										
			DUE TO, C	RAS A CONSEQUE	NCE OF			150				
		Canditians, if any, whi gove rise to immedia	Chromosomal Abnormality Translocation					n				
		cause (a), stating t		DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT.					THE R			
1			(c)									
	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	_	_			DITION GIVE	EN IN PART 11	,		
	TIO	190 DATE OF OPERATION	I IBA CONIC			<u>ISUfficiency</u> N WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE FINDINGS USED					
1	CERTIFICATION	198 DATE OF OPERATION	IVE. CONL	JIION FOR WHICH	SPERATIO	N WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
4	ERT	21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME (OF IN HIRY		21c. HOW INJURY OCCURR	YES		NO [_		
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY			Y YEAR	THE HOW INSONT OCCORR	IN IN HEW 18 PA	ART J OR PART 2)				
	MEDICAL	1 IF EITHER, NOTIFY MEDICAL EX		.M. OF INJURY	19	211 LOCATION		2500	100	- 12	_	
	MEI	WHILE NOT WHILE E	(AT HOME ST	REET, FACTORY, OFFICE, FA		STREET	CITY OR TO	wn §	COUNTY	STATE		
А		220.1 certify that Withis hospital attended the deceased from January 21, 19 86 to February 3, 19 86 that Withis hospital attended the deceased from January 21, 19 86										
		sow the decear dealine on February 3 19 86, and that in (nly) (aur) apinion death occurred on the date and hour and from the causes stated above. If (we) and (date) new the bady after death.										
		226 SIGNATURE DEGREE 226 DATE SIGNED										
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN									04	3/16	
		226 PHYSICIAN'S PLANE (IVPE OR PRINT) 226 ADDRESS .										
		Uwe Goehlert, MD. 9000 Franklin Square Drive										
	23a 8	URIAL, CREMATION, REMI			0 0 .	EMETERY OR CREMATORY	23d LOCATION CITY OR FOWN		COUNTY	STATE		
	04.5	BURIAL	FEB. 4	1186 11	TOTY		BAITIN	-		Md		
	24 FU	INERAL DIRECTOR	11=0	ADDRESS	27-11	250 DATE	REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNAT	JRE .		
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7527 HARFORD Rd

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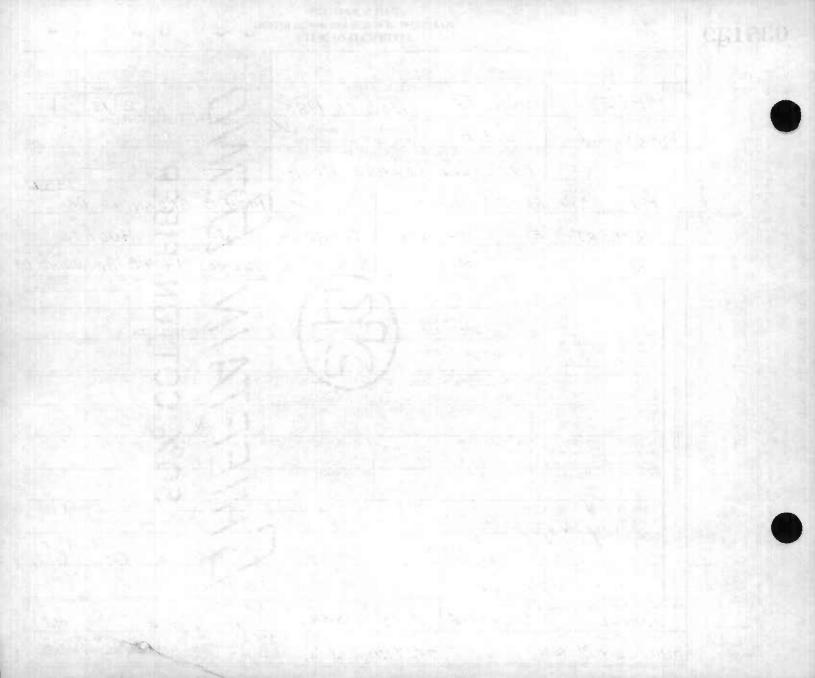
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etained by the haspital TO HOSPITAL OR

IMPORTANT: If them 21 is marked or, them 18 shows any

(VRA 15, 4)

DHMH - 16 60M 7/84



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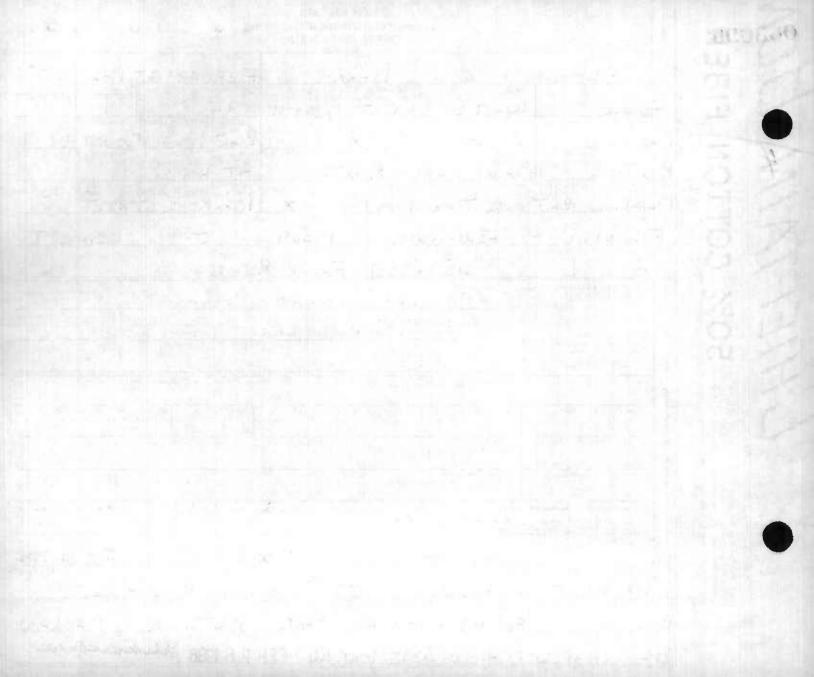
051048	1	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO	0 3 5 4 1/			
9 11		CEASED NAME ALM	MA R BAYD		20 DATE OF DEATH	02 09 86 9 M.			
% 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.51	FEMALE	4 RACE WHITE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.			
od 1	70. B	ATHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED XNEVER MARRIED	9 BALTIMORE CITY O				
le or h	15	USA- PEDO.	USA	WIDOWED DIVORCED	BALTIMOR	E COUNTY MD.			
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n 24 hou	lie.		OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 131 CITY OR TOW LTIMORE PARKY		13e STREET ADDRESS / 3004 EDG	ZIP CODE EWOOD AVENUE 2123			
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n ond co			E WAR OR DATES)	1168 FAMILY	RECORDS				
rtificate by physicio and popers. emovol.		PART I. DEATH WAS CAUSE	nly one couse per line for 101, 161 on. D BY: TE CAUSE (a)	"Tuterititie!	Filmosi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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equires n signed Then pla to buria	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
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R ATTENDIA hospitol or RECTOR. A hed for use of ept. of Healt		sow the discrepant plive on	tol) ottended the deceosed from	ond that (my) (our) opinion	death occurred on the do	te and hour and I iom the couses stated			
0 0 0 0 0		17h SIGNATURE Joll	celtour	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC				
TO HOSPITAL Letoined by the TO FUNERAL Should be detoined with the State I MPORTANT: H		22d. PHYSICIAN	M PRINT)	22e ADDRESS					
BP	23a	BURIAL, CREMATION, REMOVAL	236 DATE 236 N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY MORE STATE			
	24 F	UNERAL DIRECTOR	1650.12 WAR 11 1	3800 750 DAT	E REC'D, BY REGISTRAR	256 REGISTRAR'S SIGNATURE			
DHMH - 16 60M 7/84 (VRA 15, 4)	3	YANS CHAPSL	OF MEMORIES H	ARFORD ROAD FE	B 1 8 1986	The standard of the second			

	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 6 0 3 5 4 8							
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may be page 3 er death		CEASED NAME FIRST	CS D.		ARRY OF BIRTH	FEBRU 6 AGE (IN YEAR)	ARY 25	1986 If under tyear	26. HOUR	
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-105		ARYLAND	U.S.A.	MARRI	ED NEVER MARRIED	0 -	MORE	Count	4	
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MOMU PART PART PART PART PART PART PART PART		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	3 74333	FAMILY	1 RECORD				
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CLAN 1	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	7.111	RY ONTH DAY YEAR 19	21c. HOW INJURY O	CCURRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)		
OTEN PHYSION OF THE P	MEDIC	214 INJURY OCCURRED	210 PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	c	ITY OR TOWN	COUNTY	STAT	
TTENDS AT 10 OF USE OF		22a.1 certify that (I) (this hosp saw the deceased alive at above, (I) (we) (did) (did no	Feb 24	1986	nd that in (my) (our) op	78, toF5			that (I) (we)	
At OF At OR A O		22b. SIGNATURE	er_		DEGREE ATTENDI PHYSICI	ING MEDICAL	STAFF PHYSICIAN	FEB	SIGNED	
HOSPIT Tomed by Tower Average of the State o		DR. ROBERT	W. List	5_	57 Time	nonium	ROAD	- W25		
BP		BURIAL, CREMATION, REMOVAL	F2B28.19	86 LORRA	CEMETERY OF CREMAT	ORY 23d LOCATION CITY OR T		COUNTY	ARYLAC	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

235) REGISTRAR'S SIGNATURE Grain Davidson Random



VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR

057015

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR					REG. NO.		
DECEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH MC	ONTH DAY YE	2b HOUR
	illian M	. Barry			February 2	21 1986	8 PM
1.5EX	4 RACE		DATEC		AGE (IN YEARS LAST BIRTHD		
Female	Caucasia	n A	ugust 30 1887	YEAR	98	YRS.	DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	MARRIED NEVER MA	ADDIED T	"ALTIMORE CITY OR	COUNTY OF DEAT	TH
Maryland	U.S.A.		9.2	DRCED	Balitmore Cour	nty	MD.
TIL CITY OF TOWN OF DEATH	11. NAME OF		OME OR OTHER INSTIT		120 USUAL OCCUPATION	1 2b. KI	IND OF BUSINESS OR
Randallstown		e County Gene			Housewife		
UAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADA	AISSION) 113d INSIDE CIT	Y LIMITS?	3e STREET ADDRESS / Z	IP CODE	
	eghany	Lonaconing		VOX	Route 1 Box 67		21539
I FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S	MAIDEN NAM	E MIDDLE		LAST
FIRST	Middle	ins.		K31	MIDDLE		t ASI
IN WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECURITY	17 1M 98 MAR	Helen 1	Buck ADDRESS		21539
No	o, one mak on pares,	217-03-3620	Route	1 Box 67	C Lone	econing	Maryland
18 CAUSE OF DEATH (Ent	er anly ane cause per	line far (a), (b), and (c)			1	Lar	WEEN CHIEF AND DEATH
PART I. DEATH WAS CA	USED BY	Dtrai	-1	500	troumin		725
IMME	DIATE CAUSE (a)			^			SAA
6 100 11		R AS A CONSEQUENCE	- I was I	PM	111100 . 14	,	100
Conditions, if any, which		11-41	A waren	100	2000M CC		100
couse (0), stating the underlying couse last		R AS A CONSEQUENC	E DF			200	()
PART 2 OTHER SIGNIFICA	NI CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT NOT PERATED T	O THE TERMIN	IAL DISEASE OR CONDIT	ION GIVEN IN PA	PI lug
	Viver	Vart	inde to	~	Domon	8.0	
90 DATE OF OPERATION		MON FOR WHICH OP	ERATION WAS PERFOR	MED		Ob. IF YES, WERE F	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN			1		YES NO TE	N CERTIFYING CA	NO
210. ACCIDENT WAS UNDERLYIN	110110	FINJURY M. MONTH DAY		JRY OCCURRE	D (ENTER NATURE OF INJURY I	VITEM 18 PART I OR PA	RT 2)
OR CONTRIBUTING CAUSE C	PUEATH	M.	19				
(IF EITHER NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED	21e PLACE	OF INJURY	21f LOCATION	1	CITY OR SOWN	COUN	ITY STATE
NOT WHILE C	[AT HOME ST	REET, FACTORY, OFFICE, FARM.	ETC) STREET		CITTORTOWN	COON	STATE
22a 1 certify that (1) this i	ospital) attended th	e deceased from	7 15	19 8 E	2 10	2 19 87	that (I) we last
saw the deceased aliv	e an	20 19 80	and that in (my) (c	iur) apinian de	eath accurred an the date	and have and fran	m the causes stated
above, (1) (we) (did) (d	not view the bady	after death.	, DEGREE		1	220 [DATE SIGNED
Was Hr.	Tac (A)	20 /2 /s		TENDING TYSICIAN	MEDICAL STAFF		22,86
220 PHYSICIAN'S NAME	TYPE OR PRINT)	7	200 APPRESS	/ /	101 1	1101	111
liat	tespela	my Ms	- 104	26 Lipo	It Mong Ma	11 Kunda	11stown MS
23a BURIAL, CREMATION, REMO	VAL 236 DATE	23c NAM	NE OF CEMETERY OR CR	EMATORY	23d LOCATION	COUNTY	
Burial	02-24-86	Loud	lon Park Cemet	ery .	Baltimore	City	Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
FFR 2. 4 1086 Guha Davidon - handele

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September 1981 And September 1981

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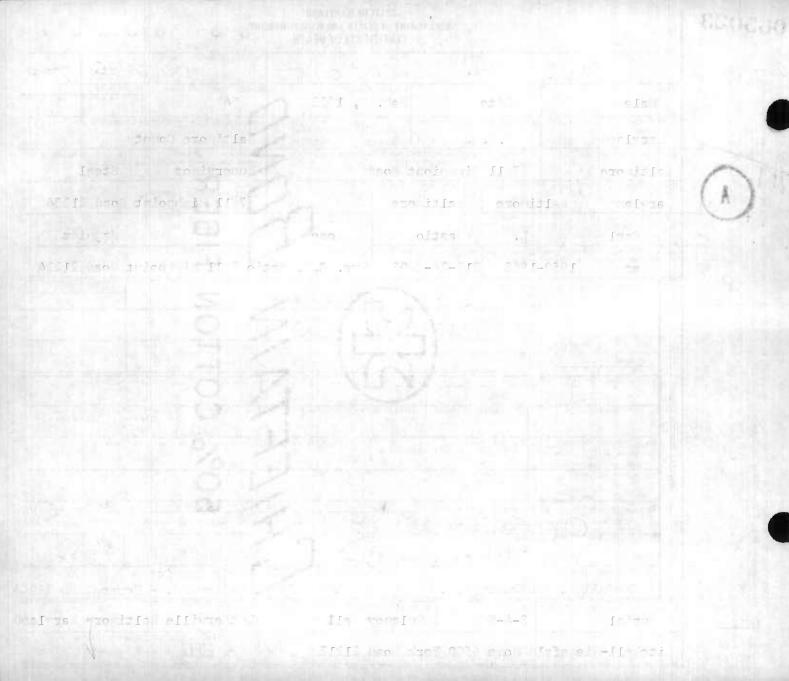
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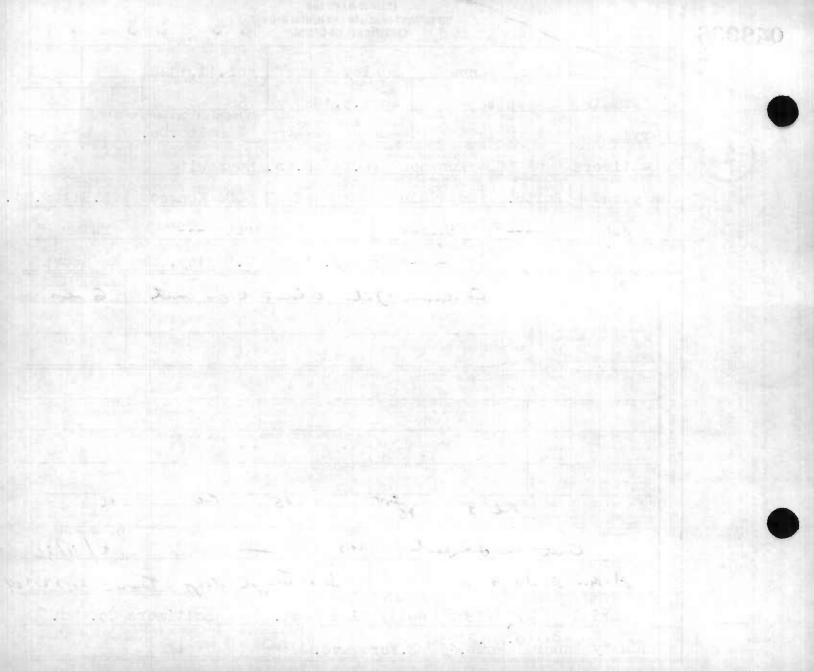
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	W. PRESTON ST., BA	IL RECORDS, 201	DIVISION OF VITA

5023	1,	FOR - STATE	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENES 6	0 3	5 5	0
deoth deoth	1,0	REGISTRAR ECEASED NAME PE OR PRINT) FIRST CASC PE OF PRINT)	MIDDLE E.	B	ICATE OF DEATH	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR 26.	HOUR 745 PM
rs offer de	3. 9	Male	White	Feb.	8, 14932 YEAR	6 AGE (INYEARS LAST BIR	THDAY) IF UN MONTH		UNDER 24 HRS DURS MIN.
The state of the s	2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	16 CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWE		9 BALTIMORE CITY O Baltimore	County		MD.
~	1	altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 7811 Highpion	t Road		120 USUAL OCCUPATION OF THE SUPERVISOR OF WORK FOR MOST OF SUPERVISOR OF THE SUPERVI	F WORKING LIFE) IN	Steel	JSINESS OR
(A)	A In	laryland Bal	timore Baltim	/N		13e STREET ADDRESS / 7811 Hig	zip CODE hpoint R	Road 21	234
11/13	0	FATHER'S NAME FIRST Carl	L. Bastio		Rose	WIDDIE		Rajnis	Z
s. Pages	160	Yes no or unknown) 1950	MED FORCES? 166 SOCIAL SECU -1953 212-28-8		Mrs. C.E.Bast	ADDRE			
physicie on poper emovol.		PART I. DE ATH WAS CAUSE	nly one couse per line fortion, (b), on D BY: TE CAUSE (o)		etadases			APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
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DIRECTOR. A coched for use. Dept. of Heal			tol) ottended the deceosed from 19		nd that I (m) (our) opinion of			from the cous	NED
TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE OF Kendall R. F	aulkner, M.D.	-11	2300 Duland		pice		D 2120
P	230	BURIAL, CREMATION, REMOVAL (SECIETY) Burial			EMETERY OR CREMATORY y Valley	Luthervil			
NH - 16 60M 7/84 (VRA 15, 4)		funeral director Mitchell-Wiedefe	ld Home 6500°∀őr	k Roa		AR 4 1986	256. REGISTRAR'S	S SIGNATURE	ndelile



049036	1 -	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE S S	0	3 5	5
4		CEASED NAME FIRST	MIQC	OLE	i,	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
poge 3	(III)	Lill:	ian Ar	na.	Bax	lev	Feb. 11.	1986		M
mo)	3 SE		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST E		IF UNDER I YEAR	
ge 4	1	Female	White			t.5,1927	58	YRS	MOINTH'S DATS	HOURS MIN.
2 32 Bh		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	8 MARRIET	XXNEVER MARRIED [9 BALTIMORE CITY	OR COUNTY	OF DEATH	
deort	M	aryland	USA		WIDOWE	D DIVORCED		o.Co.		MD.
offer of the state	7	Baltimore	(IF NOT IN SUCH FA	SPITAL, NURS II ACILITY, GIVE STREET Kenwo	ADDRESS)	rother institution e.Balto.Co.	126 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWI	OF WORKING LIF	12b. KIND (INDUSTRY	OF BUSINESS OR
n 24 hoàis	13a. S	al residence (if nursing home or itale 136 country land Ba	OTHER INSTITUTION, GIV 17Y 13		E AOMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 6004 Ke	/ ZIP CODE		237 Balto.Md
and 2	D FA	THER'S NAME FIRST John	MIDOLE	Fisch	er	15 MOTHER'S MAIDEN NAM	aret —	_	Tuc	dor
de de de		VAS DECEASED EVER IN U.S. ARI	E WAR OR DATES)	SOCIAL SECU		17. INFORMANT	ADD			
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by the h ERAL DIR e detoche Stote Dep		22d PHYSICIAN'S NAME (TYPE O	A PRINT)	and		ATTENDING	MEDICAL STA	AFF ICIAN	22t. DATE	signed 11/8C
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State (IMPORTANT; If		Arman A	Serpec			Samt Jos	1	Too	west o	Morno
BP	- (Burial Burial	236. DATE 2/13/19			METERY OR CREMATORY Hill Cemt.		timor		Md . STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		McCully Fune	lto .Md .2 ral Home	21230	E.For	See See	REC'D BY REGISTRA	R 25b. REGIST	RAR'S SIGNA	TURE ALL

STATE OF MARYLAND



STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222

23b DATE

2/6/1986

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Winder door Randoll

Baltimore, Maryland

26 HOUR 15

Newspaper Route

Lutherville,

NO T

COUNTY

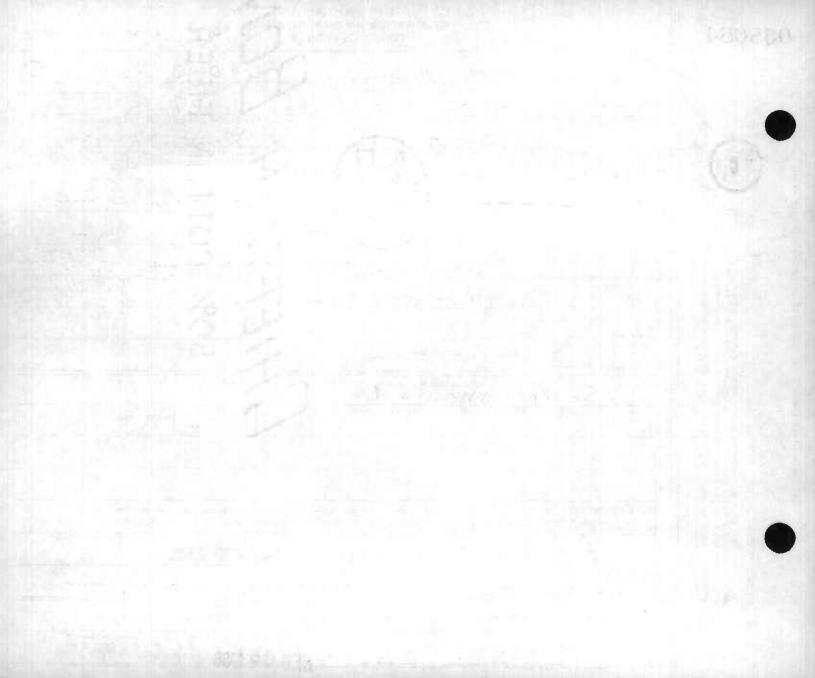
22c. DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

Moyers

IF UNDER 24 HRS



FOR

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	
CEI	RTIFICATI	OF DEATH	0

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U	0	2	2 4	
NO.				
MONTH	DAY	YEAR	2b HOUR	

6:00

126. KIND OF BUSINESS OR INDUSTRY COAL

21071

Felts

IF UNDER 24 HRS

571	173	REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	
90	eoo in	(TYPE OR PRINT)		ee.	Bedsaul	Feb. 14, 198	
ge 4 moy	s after d	3 SEX Male	4 RACE Cauca	sian	5. Date of Birth May 13, DAY 1897		FUNDER I YEAR
eath. Por	To how	Te BIRTHPLACE (STATE OR FORES COUNTRY) Virginia		MHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	D-141mana C.	
s offer d	100	Glyndon	II. NAME OF	HOSPITAL, NURSING HEACHITY, GIVE STREET ALL UTLET Rd.	HOME OR OTHER INSTITUTION ODRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisior	12b. KIND C
24 hour	30	SUAL RESIDENCE (IF NURSING II 136 STATE 136 Maryland II 136		GIVE RESIDENCE BEFORE A GLyndon		4802 Butler Rd.	210
ed within	7/30	FATHER'S NAME FIRST	WIDOLE	Bedsaul	Donna Donna	NAME	Felt
e execut	Pagent	160 WAS DECEASED EVER IN L	J.S. ARMED FORCES?	235-10-5		4802 Butter Rd. Glyndon, Md. 2	1071

PART I. DEATH WAS CAUSE		BETWEEN ONSET AND DEAT
IMMEDIAT	E CAUSE (0) Process	years
	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	(b)	
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	(1c)	

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOF	PSY?	206 IF YES, IN CERTIFY	WERE FINDI	NDINGS USED ISES OF DEATH?	
			YES 🗌	NON	YES		NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUI	RRED (ENTERNATO	URE OF INJURY	IN ITEM 18 PAR	RT I OR PART 2)		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.)	211. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE	

		spital) attended the deceased				that (II (we)
	saw the deceased alive above, (1) (week (did)) (did	not) view the body after death	_19_8, and the	t in (my) (o on) apinion death ac	curred on the date and hour or	nd from the couses stated
226	DAC NIATIUM		DECD	C.C.		AN DATE CLONED

above, (1) (we) (did	nat) view the body after death.		, , , ser, opinion acom occorred		
276 SIGNATURE		DEGREE			221. DATE SIGNED
116VV1	0.11	100	ATTENDINGMEDICAL	STAFF	1010

110 STUNALUH		1 -	DEGREE			77t. DA
Calledy	Gleina	ma	ATTENDIN PHYSICIA		AEDICAL STAFF IRECTOR PHYSICIAN	12-
224 DAIVE ICHANIC MANAE	and an a second		22a ADDDECC	7.		77

C E GC	1: //	AV	NS	14.D	1190	4 Kei	st
LC DEC (FW)	Peb.	17,			METERY OR CRI		23d B

Bluefield

Mercer

AL Chapel 250 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE

Md. 21117 EB 1 9 1988 Guidana Paris Eckhardt Funeral Chapel Owings Mills, Md. 2111

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate hos been signed

DHMH - 16 60M 7/84 (VRA 15, 4)

23a.

Leou relative to constitute to the constitute of	Notes the ride			
Igod palaban i				
trore . AR walnut cole .		. 4. 5.5.113 5.1.4		
			SF 5-32	
interest of the second	5,110%	Lindayd		
			4	
32 Fred LL				
and the same of th				1
W. w. parted Mercar w. W.	. servelher	lyb. 12. field an		

063032

FOR - STATE

3 SEX

MD

Male

DECEASED NAME TYPE OR PRINTS

O BIRTHPLACE ISTATE OF FOREIGN

Balto., MD

Rossville

14. FATHER'S NAME Frank

NO (YES, NO OR UNKNOWN)

O CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF THE STATE 136. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCE

William .

4 RACE

76 CITIZEN

MIDDLE

(IF YES, GIVE WAR OR DAT

USA

NAME Fr

Wh

DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	FIENES & O	3 5 5 5
MIDDLE	AST .	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
Behrendt		February 28,	1986 6:30 ^a
ite $6-2$	F BIRTH 5-1899	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
NOF WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City or Cou	NTY OF DEATH
OF HOSPITAL, NURSING HOME OF THE SUCH FACILITY, GIVE STREET ADDRESS! ANKLIN SQUARE		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Draftman	IZE. KIND OF BUSINESS OR INDUSTRY Continental Ca
Ition Give Residence Before admission) 13c. CITY OR TOWN Balto., Cit	13d INSIDE CITY LIMITS? Yes M NO	13 SIREET ADDRESS / ZIP CO	y Ave., Balto
Behrendt	15 MOTHER'S MAIDEN NA. FIRST Marie		21206 Hermani
ES? 166 SOCIAL SECURITY NO.		ADDRESS	
214-03-4241	Caroline	L. Behrendt,	3904 Mayberry
e per line for (a), (b), and (c).) Cardiopulmo	Avenue, B nary Arrest	alto., MD 2	1206 APPROXIMATE INTERVAL
o, or as a consequence of Myocardial	Infarction		10 days
O, OR AS A CONSEQUENCE OF			

Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF MYOCATO TAI	Infarction		10 days						
couse (o), stating the underlying cause lost										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a										
9a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ NO } \text{ \text{ NO } }						
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2)						
21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	21f. LOCATION STREET	CITY OR TO	OWN COUNTY STATE						

DHMH - 16 60M 7/B4

BP

Johnamu. Miller, Inc., 64405 Belair Rd. (VRA 15, 4)

Cynthia A. Powers MD

23b. DATE

3-3-86

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

Buria1

9000 Franklin Square Drive 21237 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Parkwood

22e ADDRESS

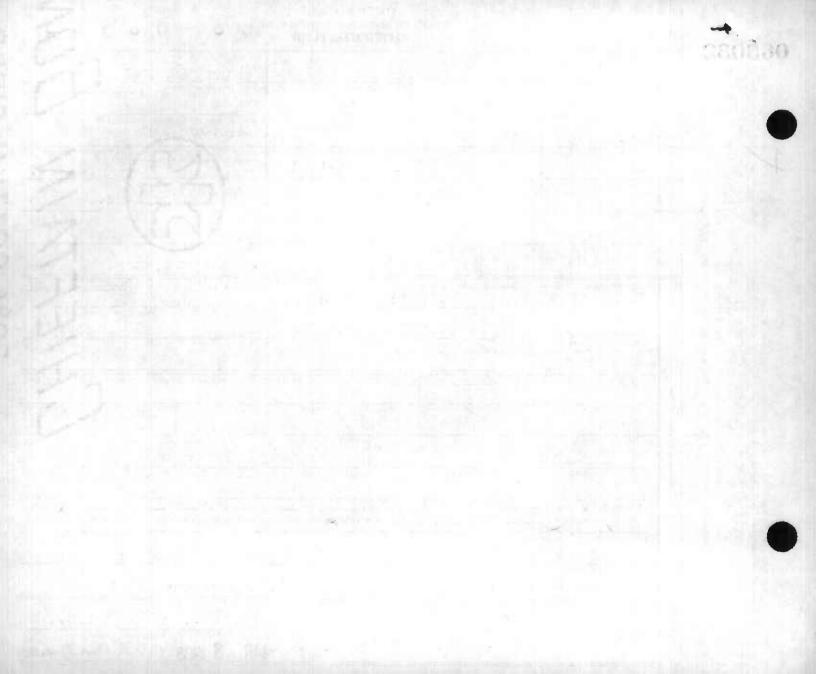
ATTENDING

Balto.,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Balto.,

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

063011

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		DEP	CERTIF	EALTH AND		GIENE	S REG. 1	0	3	5	5	6
1. DECEASED NAME FIRST		MIDDLE	U	AST		20. DATE	OF DEATH	MONTH	DAY	YE AR	26 HOL	JR
CLA	RA	A.	BE	ENDA	50 T			2	24	86	1:1	5P M
3. SEX	4 RACE		5. DATE O		YEAR	6 AGE (III	YEARS LAST B	IRTHDAY)	IF UND	ER I YEAR	IF UNDER	R 24 HRS
FEMALE	WH	ITE	7	6	11		74	YRS		1	1.00%	Atild.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	□ NEVED	MARRIED -	9 BALTIM	ORE CITY	OR COUN	TY OF D	EATH		
Maryland	U	.S.A.	WIDOWE		NORCED	Ba	altimo	ore Co	ounty	7		MD.
10 CITY OF TOWN OF DEATH	11. NAME OF		URSING HOME O	R OTHER INS	TITUTION	12a 11511A	LOCCLIPA		124	KINID	F BUSIN	ESSOR
✓ Lansdowne		-	Avenue			Perso	onel S	Specia	alis	t Go	vern	ment
JOUAL RESIDENCE (IF NURSING HO.	ME OR OTHER INSTITUTION	130 CITY OF		13d. INSIDE	TITY HANTS?		10111	/ ZIP COI				
	altimore	Lanso		YES 🗌	NO X			nd Ave		21	227	
M FATHER'S NAME	MIDDLE	LAS		15 MOTHER	S MAIDEN NA		WIDDLE			LAS	,	
James	J.		nbaugh	Max	FIRST	Fi	cances	3			ouck	
160. WAS DECEASED EVER IN U.S	ARMED FORCES?		SECURITY NO.	17 INFORM			ADDI				210	
(YES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	215-	12-8449	Barba	ara B.	Housle	ev 302	2 N. F	Tammo	onds		
18 CAUSE OF DEATH LEAT PART I. DEATH WAS CA IMME	DIATE CAUSE (0)	cerd	SEQUENCE OF	Spir	chary	A	1105	+		APPROX BETWEEN	imate inte Onset and	RVAL) DEATH
Canditions, if any, whice gave rise to immediate cause (a stating the underlying cause los	e DUE TO, C	DR AS A CONS	SEQUENCE OF	-ani	ev.							
PART 2 OTHER SIGNIFICA	NT CONDITIONS S	ONTRIBUTING	G TO DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEA	ASE OR COI	NDITION G	IVEN IN	PART 1	0	
190 DATE OF OPERATION	IAL CONE	OITION FOR W	A PERATION	WAS PERF	DRMED	200 AU YES	TOPSY?	HT CERT	ES, WER IFYING YES [E FINDII CAUSES	OF DEA	TH?
OR CONTRIBUTING CAUSE O	F DEATH HOUR A		H DAY YEAR		NJURY OCCUR	RED (ENTER	NATURE OF INJ	IURY IN ITEM 18	PART 1 O	RPART 2)		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, O	OFFICE FARM ETC)	211 LOCATI			CITY OR T	OWN	cc	YTHUC		STATE
22a I certify that (I) (this I	aspital attended t	he deceosed f	rom		. 19	, to			, 19		that (I) (we) last
above () we did (d	e an id not) view the bod	v ofter death.	_19, an	d that in (my) (aur) apinian	death occur	red on the	date and ho	our and f	rom the	couses st	ated
17h Sigharman	elsen	show	14	DEGREE (1)	ATTENDING PHYSICIAN	MEDICA DIRECTO		AFF ICIAN []	2	2. DATE	SIGNED SIGNED	
274 PHYSICIAN ENAME	PE OR PRINT)			22e ADDRE	SS	M. In				1		
Neal Rosens	chen			Joh	ns Hopk	ins H	osp.					
230. BURIAL, CREMATION, REMO	VAL 236. DATE		23c. NAME OF CI	METERY OR	CREMATORY	23d LO	CATION					
Burial	2/27/	86	New Cat	thedra	1 Cem.	Ba	Itimo	re	COUP	M	aryl	and

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
FEB 2 8 1986' Julia Davidson Andrese

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION REMOVAL 20

Kendall R. Faulkner, M.D.

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

2300 Dulaney Valley Rd. - Towson, MD 21204

VCADIA BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2h HOUR

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NOF

STATE

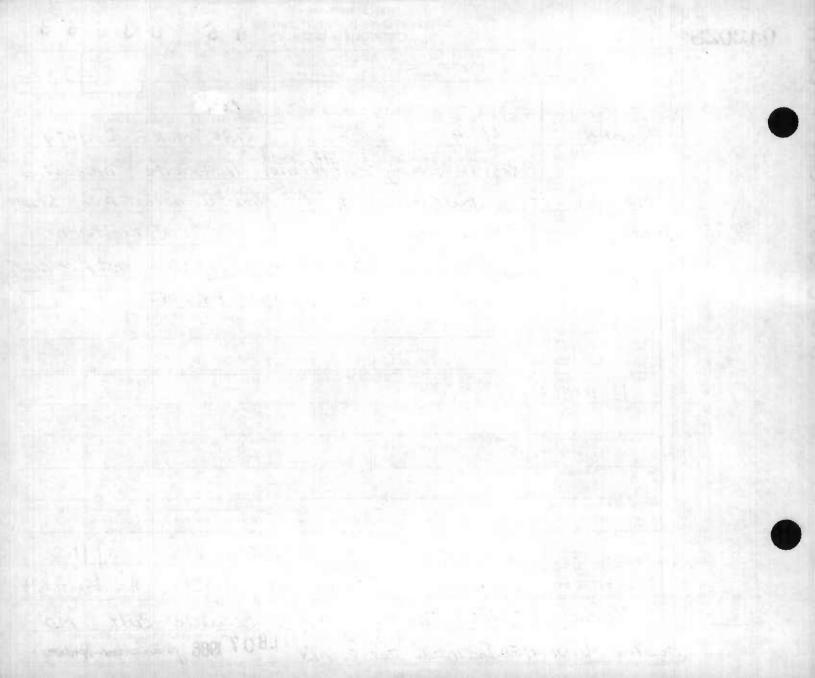
COUNTY

22c DATE SIGNED

INDUSTRY

IF LINDER 2 L MRS

	1			STATE OF MARYLAND	of an administrate and administration of the second	
0.40000	V_1	FOR STATE		ENT OF HEALTH AND MENTAL HYG	IENE SA A	3 5 5 8
042028		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
V 04/		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
M		KOSQ	DOL	COVITZ	2	86 7,45 Am
1 11	3.36	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
-	17	emale	White	11 27 84	10/ YRS	
2 52 Cy	7a B	IRTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	0 1
1 11/1/		PoLand		WIDOWED DIVORCED	BALTIMORE	COUNTY MD.
1 11/0/	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	SHOME OR OTHER INSTRUCTION DORESS) 7 Judo rook	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR E) INDUSTRY
1 11 70	1 1	ikesville	MIKESVIlle NURS	ing 1541+ Md 2120	Housewife	Domestic
1 11 1	3a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN		Dre YES M NO [13 STREET ADDRESS / ZIP CODE	TAVE 1/209
報動しかり	14. F	ATHER'S NAME	<u> </u>	15. MOTHER'S MAIDEN NAM	ME	
し 場合がし	1/	SAAC	Scherman Scherman	Rachel	MIDDLE SE	geltuch
75530		WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRECC	
4 60	1	NO	218324	1 Beryle Wise.	man 6023 What	west Ave 2120
C of the contract of the contr		18 CAUSE OF DEATH (Enter on	y ane cause per lipe far (o), (b), and	Ic) I	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the physical states		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a) CONCE	STIVE HEA	RT FAILURE	
or re			DUE TO, OR AS A CONSEQUEN	NCE OF		
atter atian, roum		Canditions, if any, which	(b)			
the rem		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	NCE OF		
d by leose rol, cr		underlying cause last.	(c)			
equires a signed Then pli to burn injury, o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 11a
prior prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED		, WERE FINDINGS USED
w see see	I H					YING CAUSES OF DEATH? S NO NO
N The Cate Head of the Head of	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART ?)
SICIA ng ph certifi riol-tr	1 K	OR CONTRIBUTING CAUSE OF DEA	(1)	19		
his bus	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FAR	21f. LOCATION	CITY OR TOWN	COUNTY STATE
offer the the street t	2	WHILE NOT WHILE AT WORK	TAL HOME STREET, FACTORY OFFICE FAR	m EIC)		
ADIN Lor S. Af Reolti		220-1 certify that (I) (this hospit	al) attended the deceased from	. 19	, to,	19, that (l) (we) last
TTE ppito CTO for of H		saw the deceased alive an	view the bady ofter death.	and that in (my) (aur) apinian o	death accurred an the date and hau	and fram the causes stated
OR A DIREC Oched Dept.		22h SKANATURE	/ 0 .	DEGREE		22c. DATE SIGNED
F 0 =		Jersueeu	Haleham	ATTENDING PHYSICIAN C	DIRECTOR PHYSICIAN	2/1/86
D H ON A		22d. PHYSICIAN'S NAME TYPE O	PRINT	22e ADDRESS	11-2	1 0
TO HOSE Should be with the		1.As NEEM	CAICHAINI	7220 PARI	e Leights,	ME BALTOMI)
7 € T 8 8 € 3	23a	BURIAL, CREMATION, REMOVAL	236 DATE 236. NA	ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY 21208
BP		purial	2/2/00 5/10	arei Zion Cong.	Kosedale B	alt MD
DHMH - 16 60M 7/B4	1	UNERAL DIRECTOR	ALTIT ADDRESS P	Bast MD 21208 250 PA	ERECO. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE
(VRA 15, 4)	17	eblew Memori	alt.H. Inc ii ouke	isterstown Rd	1000	mandan-Maderia



05	771	144
	VYSICIAN. The low inquires that the death partition be executed within 24 hours after beath. Plage 4 may be safeng solvenion.	is certificate has been signed by the attention gradus or and completely filled in by the funded director, page 3 has also trained permit. Then please empore capacity pages 1 and 2 should be filled within 1 thous other death. Mental Pygiese page to build, exemption, other death.
	Party Par	the state of
10	1	111
0.70	24 hours	Hed in the
TAKTLA	d within	polentity of
MOKE. N	encode	ond com
SALL	1	-
200	1	and and
W. PRES	of the de	y the att
102, 201	pures the	igned b her pleas a buriol
ON OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 2128	Spe 180	permit. D
VIIA	HYSICIAN, The	though party of Hygies
o o o	dring a	Burnel Ments

DHMH - 16 60M 7/4 (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 6		3 5	6	Ü
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH			2b HOUR	R
			Soph			Berryhi		FEbruary 2			05	asy
	1.58		9/4	4 RACE			OF BIRTH	& AGE (IN YEARS LAST BIR	THDAY) IF	DNIHS DAYS	IF UNDER 2	24 HRS MIN.
2		emale		White			.20, 1927 YEAR	59	YRS.			0,5
6		RIHPLACE (STATE OR F	in	76 CITIZEN OF		WIDOW		Baltimo	re Cou			MD,
C	/	Baltimore	тн			URSING HOME (STREET ADDRESS) AVENUE	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OR HOUSewife	F WORKING LIFE)	126 KIND C INDUSTRY	F BUSINES	SSOR
1	134.5	AL RESIDENCE (IF NURS	13b COUI	OTHER INSTITUTION TY K	13c CHY OR Chic	BEFORE ADMISSION) TOWN ago	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 7	ZIP CODE Grand	3960 Avenu		19
30	2	John		MIDDLE Soko	lowski	ī	15 MOTHER'S MAIDEN NA	MIDDLE		Pipala	T	
6	16a V	VAS DECEASED EVER		MED FORCES?			17 INFORMANT	ADDRE		- 14		
9	`	no	(334-	20-9580	Mr. Robert B	erryhill S	ame as			
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly one cause per ED BY: TE CAUSE (a)		UNA;	ric Wi.	01514	5 K.	BETWEEN	MATE INTERVO	DEATH
		Conditions, if any,		DUE TO, O		SEQUENCE OF	VALVUL	O PATHY		Y.	25.	
		couse (o), statin underlying couse	lost.	(c)		SEQUENCE OF						
	NO	PART 2 OTHER SIGN	NIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING	S TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0	
7	CERTIFICATION	19a DATE OF OPERAT	TION	196 COND	ITION FOR W	HICH OPERATIO	ON WAS PERFORMED	RFORMED 200 AUTOPSY? 206. IF YES, WERE F IN CERTIFYING CA				H?
9	0.054	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	MID.		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)		
	MEDICAL	21d INJURY OCCUR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	PIF LOCATION STREET	CITY OR TO)WN	COUNTY	ST	TATE
		certify that (1) sow the decease above, (1) 22b. SIGNATU	dollye or	2001	e deceosed f		and that in (my) (out) opinion	deoth occurred on the d	ote and hour	ond from the		lost ited
		22d. PHYSICIAN'S NA	ME (TYPE	DR PRINT	163	2 of	ATTENDING	MEDICAL STA			23.	-81
1		Richar						Hospital To	owson.	Maryl	and	
1		BURIAL, CREMATION,				23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION				
		Burial		Feb. 2	7.1986	Mt. Ca	armel	Hillside		ook	T1	TATE
4	24. FU	UNERAL DIRECTOR	T. Ru				25g. DAT	R 2.4 1006	25h REGISTR	AR'S SIGNAT	URE	

Sounce Story Son Servicial Sansors 27, 1986 Sencie						
Nisousin TRA Shirt venue Honsevire Tilineis nuk Gaicego SHII. Gene Joseph John John Genlowski Ge Pissi Ge Pinals TO TTA-TO-9780 for Eulerthill Sage on 15 TO TTA-TO-9780 for Eulerthill Sage on 15 Tobard Sieve SHII. Gene Honsell Townen, Mervinal Unried SHII. Sare Cook III.	in the second	THE THE TANK	ffi.home		erdrot	
Tilinois nek Gaicano SHIR. Grand Avenue Tolonia del Shiro and Avenue Tolonia del Shiro and Shiro		700	reh.on, t	edite.	0.50	10
Tilinois nek Kaicaro 581 . Grund Arange John domineski cr cohert Borryhill Lage sa 15 e 10 TT4-10-9780 fr. Kohert Borryhill Lage sa 15 e 11 tehard diesa	vision County	2 2		April	Hamosa PV	
John deminated ore lines of the control of the cont			4) 5) 2 4 2	- STMET TOAL	orostrin	
no Ti-N-0-83 ir. Kulmert Norryhill Same es 15 e ''ichard Sieva			0	uno i di	alen sout	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH DAY 2b HOUR TYPE OR PRINT February 18, 1986 Georgia Beatrice Berryman 3:15 Am 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH MONTH DAY YEAR HOURS Female Caucasian 1890 Mav H' BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Augsburg Lutheran Home Lochearn Stenographer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE Baltimore Co Mt. Zion Road 21155 Maryland Upperco 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Upton Berryman Unknown Fisher 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Augsburg Lutheran Home (YES, NO OR UNKNOWN) 6811 Campfield Road Baltimore, MD. No 212-12-7482 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10) (b), and (c)
PART I. DEATH WAS CAUSED BY: neumme IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 21b. TIME OF INJURY 218 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (aur) apinian death occurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING 2-18-86 MEDICAL STAFE DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) 7220 Park Heights Avenue Balto. MD. Dr. Harold Bob 236. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL

9

PORTANT

(SPECIFY)

Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

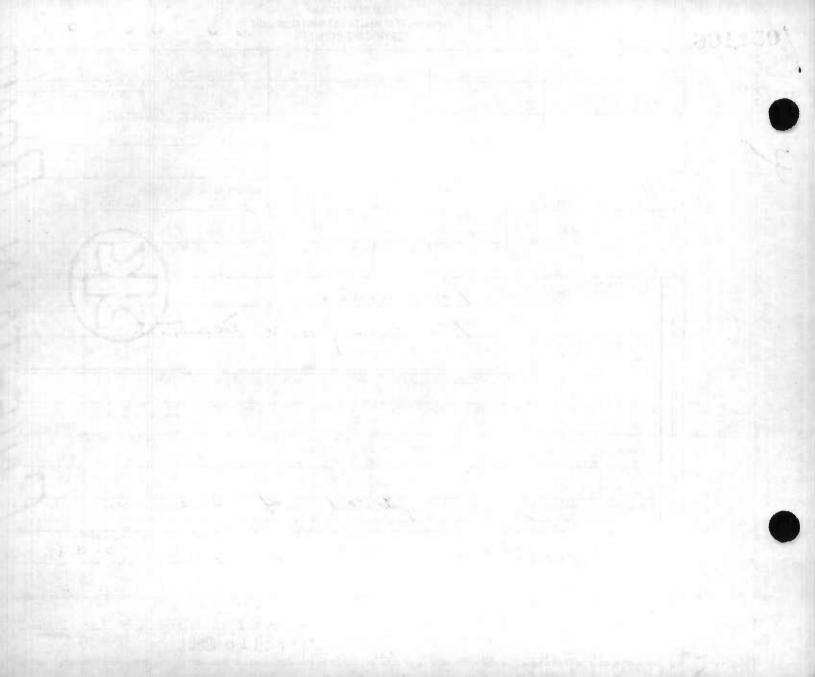
2/20/86

Reisterstown Meth Ch.

MD

24 FUNERAL DIRECTO Loring Byers Funeral Directors, Inc. 258. DATE PECD. PREGISTRAR 258 REGISTRAR SSIGNATURE ADDRESS 8728 Liberty Road Randallstown, MD. 21133

Reisterstown, Balto.



FOR DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 3 5 6 2

	MILTOI	litton	Taylor	Bevans	20. DATE OF DEATH	2 11	YEAR 86	26 HOUR	
3. SE)	MALE	1 RACE	SIAN	DATE OF BIRTH MONTH DAY YEAR 6 30 09	6 AGE (IN YEARS LAST BI	YRS MO	UNDER I YEAR	IF UNDER 24 HRS	
1	(STATE OF FOREIGN Maryland	U.	S. w	MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	_ ,	FDEATH	N	
T	TOWSON	ST. J	HEACILITY, GIVE STREET ADDRI	SPITAL	170 USUAL OCCUPAT TYPE OF WORK FOR MOST OF	OF WORKING LIFE)			
MA	AL RESIDENCE (IF NURSING HOME O STATE 13b COUI	NTY	BALTIMORE	13d. INSIDE CITY LIMITS?		ZIP CODE	APT 4	J 212	
			Bevans	IS MOTHER'S MAIDEN NO. Lydia NO. 17 INFORMANT	AME MIDDLE ADDR		Taylo	or	
IAL W	VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES GI	RMED FORCES? VE WAR OR DATES)	216-03-22	oin Pkwy-2123					
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OF	ray lises	n					
10-1		(c)			<u> </u>				
TIFICATION				IH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, V		IGS USED	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	21b. TIME O HOUR A./	TION FOR WHICH OPE FINJURY M. MONTH DAY M.	PATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21L LOCATION	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES RY IN 11EM 18 PART	VERE FINDIN	IGS USED OF DEATH?	
	PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) WHILE AT WORK OT WHILE AT WORK 22a.1 certify that (1) 4this hasp	21b. TIME O HOUR A./ P./ 21e PLACE O (AT HOME STR	FINJURY M. MONTH DAY M. DFINJURY EET FACTORY, OFFICE, FARM, E	PATION WAS PERFORMED YEAR 19 211 LOCATION STREET 2 11 19 Ond that in (a) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, VIN CERTIFYIN YES I	VERE FINDIN NG CAUSES (IGS USED OF DEATH? NO STATE	
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1.	- STATE REGISTRAR		DEI ARTIN		FICATE OF DEATH	REG. N	0.			
	CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH C	DAY YEAR	2b. HOUR	
[146]	John	C	. Bey	er		February	3, 1	986	8:16a M	
SE	× Male	4. RACE Whit	e	OCT.	OF BIRTH 8 DAY 1916 EAR	6. AGE (IN YEARS LAST BIR		AONIHS DAYS	HOURS MIN.	
7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
	Md.	US	A	WIDOW		Baltimore	Cou	ntv	MD.	
1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OF THE THE THE THE THE THE THOSP				120 USUAL OCCUPAT	ION	126 KIND	of Business or er	
13n	AL RESIDENCE (IF NURSING HOME OF STATE 135 COU		130 Balto		13d. INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS 7729 Balti			21224	
14 F/	ATHER'S NAME FIRST Charles	WIDDLE	Bever		IS MOTHER'S MAIDEN NAME FIRST			130	ST	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDR	ESS			
(-46	218-05-3	999	Elizabeth Be	ver 7729 H	Baltime	ore St	reet 2122	
TION	gove rise to immediate couse o1, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT		EATH BUT							
CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATION WAS PERFORMED			20n AUTOPSY? YES X NO YES NO				
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	OF INJURY .M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	REET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN COUNTY STATE					
	220.1 certify that X (this haspital) attended the deceased from January 31, 1986 to February 3 1986, that X (we) lost saw the deceased alive on February 3 1986, and that in (X) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (we) (did) (dix fot) view the body after death.									
	226 PHYSICIAN NAME THE PHYSICIAN DIRECTOR PHYSICIAN 23/86									
		oss, MI	ο.		200	lin Squar	e Dri	ive, 2	21237	
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236 DATE 2/6/			Heart of Jesu	23d. LOCATION CITY OR TOWN Dundalk	Ba1	timore	Maryland	
	UNERAL DIRECTOR	I IIom - 2	OO MADDRESS A		25a DAT	E RECID BY REGISTRAR	25b. REGISTI	RAR'S SIGNA	TUREDANCE	
U	onnelly Funeral	L Home 3	ou mace A	ve.	21221 -	D - 1300	7			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers-Pagwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

retained by the haspital or attending physician.

HOSPITAL 0 BP. injury, or other troumatic event, the

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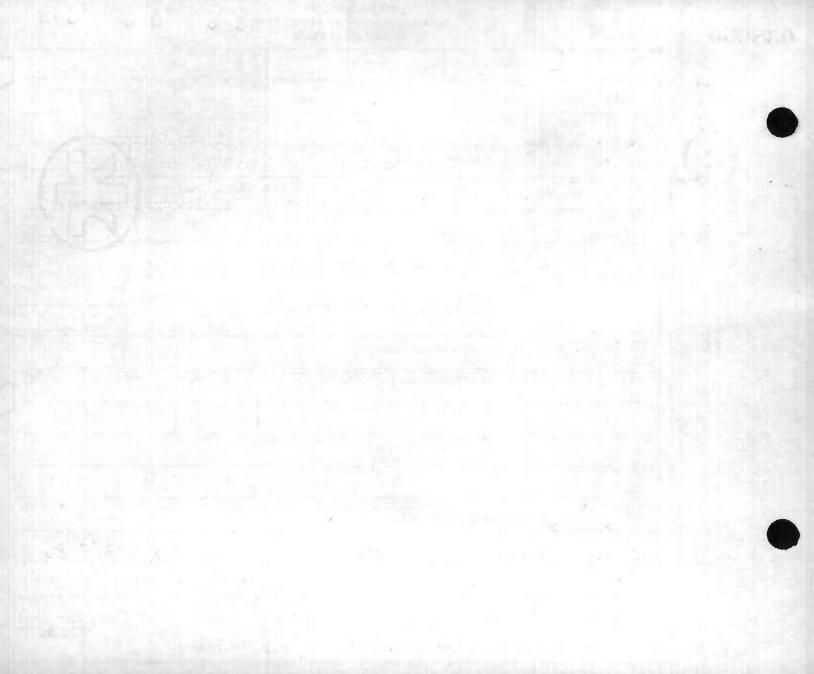


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90 4 10	15	FEMALE	4 RACE WHITE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
75	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT COUN U.S.A.	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR COUN					
8	Ju.C	TOWSON	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACRITY, GIVE ST JOS			120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING AdmCircuit ((JEE) 126 KIND OF BUSINESS OR INDUSTRY Court Clerk Office				
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pa 10030	C:	ATHER'S NAME FIRST Larence	G. Weav	rer	Mary	Ida	Martin				
be executed on and established on and established on and established on a second or a seco			ve war OR DATEST 217-	16-8032	W. Conr	ADDRESS ad Bishop - Same					
g physici on poper removol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per ling or (a), () ED BY: .TE CAUSE (a)	estent	Vent. fibri	llation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
the attending remotion, or remotion, or re-		Conditions, if ony, which gave rise to immediate cause (o), stating the	DUE TO, OR AS A COM	secting	antie.	Hacustones.					
equires that is signed by Then please to buriol, cr njury, or oth	CERTIFICATION	PART 2 OTHER SIGNIFICANT	(c)	12001	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	SIVEN IN PART 1:0				
he low re hos been perior ene prior		19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO				
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of the this os the but the orked or	MEDICAL	21d INJURY OCCURRED WMILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE FARM, ETC.)	211 LOCATION STREET	CITY OR IOWN	COUNTY STATE				
OK ATTENDI to hospital or DIRECTOR: A sched for use Dept, of Heal f Item 21 is m				.19 or		death accurred an the date and h					
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
TO HOSPITAL TO FUNERAL should be deta with the Store		22d. PHYSICIAN'S NAME (TYPE			27e ADDRESS						
BP	Bi	BURIAL, CREMATION, REMOVA SPECIFY) urial	2-7-86	Loudon		23d LOCATION CITY OR TOWN Balto.	COUNTY STATE				
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director ack Towson Fune	ral Home, Inc.	DE 5.5		EB 1 0 1986	STRAPS SIGNATURE				

STATE OF MARYLAND

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S CI	0 E	×	WHILE AT WORK	NOT WHILE	STREE	ET, FACTORY, FARM,	ETC.)	S	TREET		CITY OR TOV	IN	COUNTY		STATE	
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O MEDICAL EXAM CECUTE THE CERTIF CECUTE THE CERTIFICATION OF SECURE ALL DIRECTOR	83/	-	EXAMINER'S N	AME Cha	arles F.	O'Donn	ell, N	1.D.	ADDRESS 7	501 Yo	rk Rd.	, Tows	on, Md	. 212	04	
5885		23a BU	JRIAL, CREMATI						R CREMATORY		LOCATION					
BP	1200	15	rial	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2-5-86				ng Gree		TY OR TOWN		Balto.		Md.	
11-12-12-12			JNERAL DIRECT	OR			1050				BYREGISTRAI	R 25b. REGIST	TRAR'S SIGN	IATURE		
DHMH - (VR A15 M		R114	NAME TOWER	n Fune	ral Home	DDRESS Tho.				EB 05	1986	Settente	biden-	gandelle		
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McCully Funeral Home/ Pasadena, Md. 21122

DHMH - 16 60M 7/B4 (VRA 15, 4)

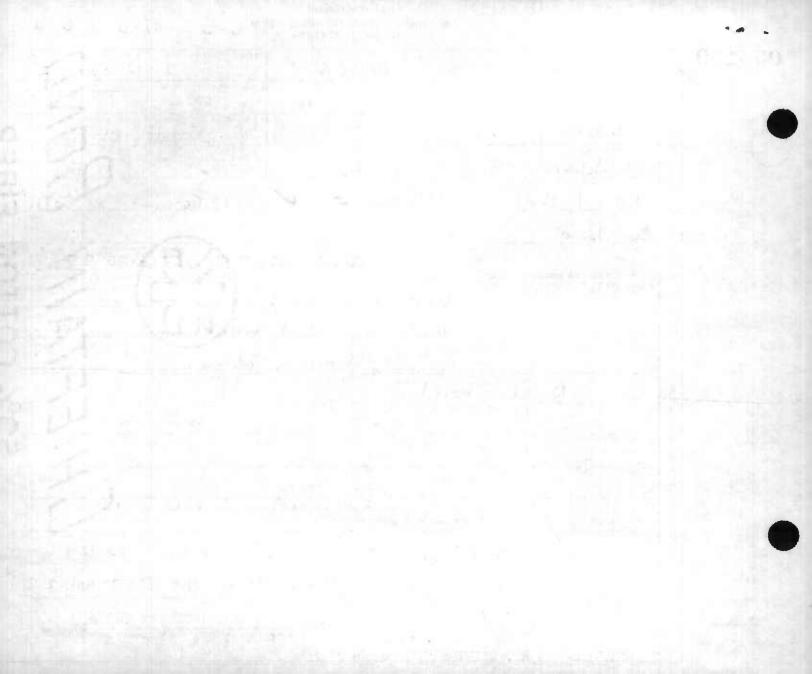
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James Alada

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND



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REGISTRAR

- STATE

055129

STATE OF MARYLAND

CERTIFICATE OF DEATH

Loudon Park Cemetery

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

7h HOUR

17h KIND OF BUSINESS OR

NOF

STATE

Swift & Co.

21227

Fenker

IF UNDER 24 HRS

86

IF UNDER I YEAR

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

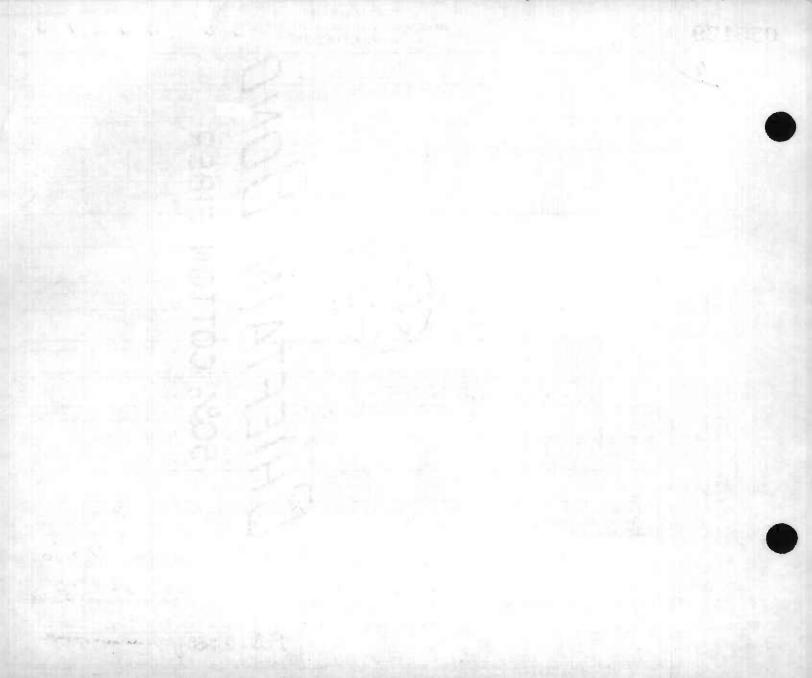
24 FUNERAL DIRECTOR 21229 250 PATE R Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

2/20/86

Baltimore

22c. DATE SIGNED

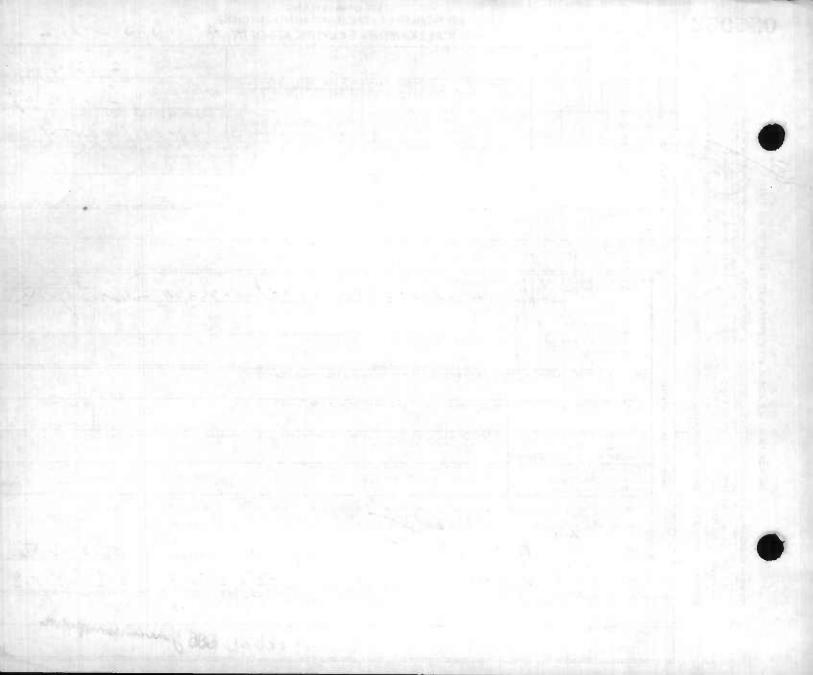
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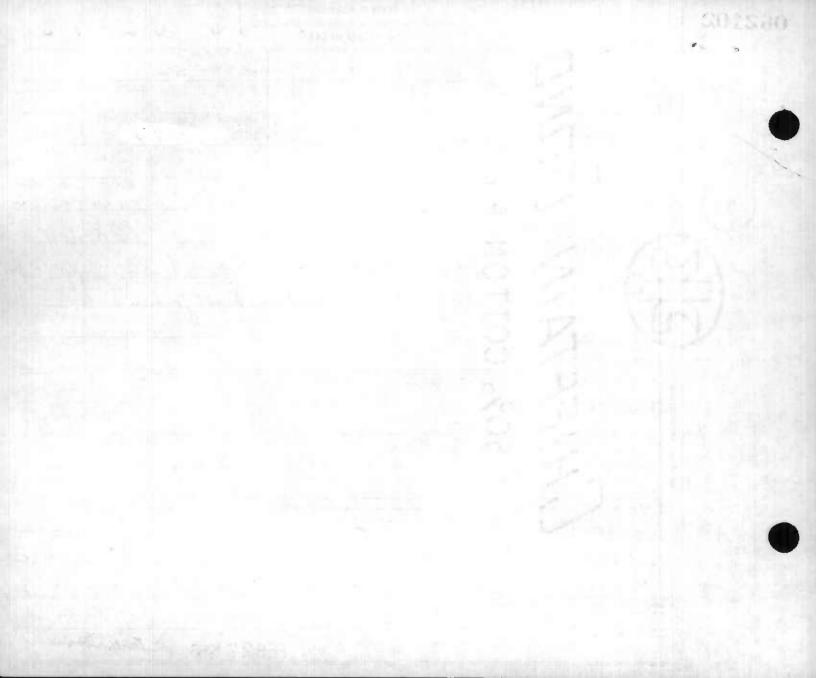
3056	1.	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	1 3 3	/ 1
lge 3	1. DE	CEASED NA (AKA Ter Theresa	esa A.	Bogđ BOGD	AN	February 25,	1986	26 HOUR 4:10P M
ter o	3. SE	X	4 RACE	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
	1	Female	Cauc.	12	/17/97		YRS	
C COX		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO		
	1	Balto., Md.	USA	WIDOWED	DIVORCED		more Coun	
UA	7	Balto.	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) Franklin Sc	ET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife		OF BUSINESS OR
1	USU	AL RESIDENCE (IF NURSING	OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)				
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Poor of			VE WAR OR DATES)		Louise She	eckells, 584	12 East	Ave. 2120
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ysici cate ansi Hygi 8 sh	1 8	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	EM 18 PART I OR PART 2)	
hd butter	IA	OR CONTRIBUTING CAUSE OF DE	AIR	19	N			
burn Mer	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
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Aft Aft and			ital) attended the deceased fram	G	18 19 16	6 to Join	10, 19 14	, that (i) (we) last
TOR OF US		saw the deceased alive or	Jour. 10 19	5/	that in (my) (aur) apinion	death accurred on the date a	nd hour and fram th	ne causes stated
RECI Ppt of Ppt		22b. SIGNATURE	wey the body after death.	D	EGREE	/	22c. DAT	E SIGNED /
the Dock			to the		ATTENDING	MEDICAL STAFF		2/25/86
red by the FUNERAL old be det if the State ORTANT.	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	DIRECTOR PHYSICIAIN		/ / /
		FEHX TA	N, M.D.		3800 E	ERD MAN A	WE, BA	ITU, MI
shoot shoot	23a	BURIAL, CREMATION, REMOVAL		. NAME OF CE	METERY OR CREMATORY	23d LOCATION		2-12-15-
BP		Burial	2/28/86 H	Baltim	ore Nation	al Balto	.,Md.	STATE
IMH - 16 60M 7/B4		unschrimmek F	uneral Home,	Inc.	250 DAT	BEZDBY BEGISTRAR 256.	EGISTRAR'S SIGN	TUPE COL
77 B4		2221 Prohme	Tane Balto	F.M.	21213	1300		

STATE OF MARYLAND

055052	1-	FOR STATE REGISTRAR					TMENT OF	HEALTH			.346.	2000	O REG. N	3 :	5 7	2
		CEASED NAM		FIRST		WIDDLE	В	ONHAM	LAST			20 DATE I OF DEATH	ESTI-	MONTH 2	13 198	6 445
RY, PLEA DIRECTO DUR FILE 72 HOU DN STREE	3. SE)	emale	4 RACE		5. DATE OF BI	DAY YEAR	6 AGE (IN YE LAST BIRTHE 80 Y	MONT	DER 1 YR.	IF UNDER		2c. DATE PRONOUN DEAD	CED ,	MONTH 2	13198	EAR 24 HOL
ICESSARY, PLEASE INFRAL DIRECTOR. TOR YOUR FILES. PRESTON STREET,	7a Bi	RTHPLACE (5) REIGH COUNTRY) S. C	TATE OR		76. CITIZEN O	S A	JNTRY?	8 MARR WIDOV	IED NE	VER MARRI	IED 📙	9. BALTIM	ORE CITY	OR COUN	TY OF DEAT	H / M
2 5000		od l awn	OF DEAT	тн	(IF NOT IN SL	CH FACILITY, GIV	Cypres			TION		ALOCCUP NOST OF WORK	ING LIFE	PE OF WORK	126. KIND O OR IND	F/BUSINESS USTRY
18 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5		AL RESIDENCE TATE Md		SING HOME OF		13c CI	TY OR TOWN	ION	136 INSIDE (NO X	13e STRE	EET ADDRE	ss den C	ypres	s Cour	t 2120
PEE. MD.	DG	eorge			MIDDLE		last /ance		Ali		ENNAME	MI	DDIE		Sweete	nburg
RS AFTER I I GNE PAK WITH FORM PAGES I DIVISION (160 V	VAS DECEASE ES, NO, OR UNKNO NO	D EVER I	N U.S. ARM (IF YES, GIVE V	AED FORCES?		17-60-3		Sall		h 13	Walde	addres en Cyj		Court	
		18 CAUSE C PART I DI	EATH WA	AS CAUSED	E CAUSE (0)	LRTER	12501	le Ro	7/20	bard.	Lova	seu	lan b	2,50		MATE INTERVAL
W. PREST WITHIN WINER A TRANSIT ENTAL HY OR REMO		gove ri	ise to i	ny, which immediate the under-	(b)_		ONSEQUENCE								1	
ECORDS, 201 D BE EXECUTED ENDING** IN F MEDICAL EXA AS A BURIAL CALITH AND ML CREMATION,	NC	PART 2 DTHER S	IGNIFICANT	CONDITIONS C	DNTRIBUTING TO I	DEATH BUT NOT R	ELATED TO THE TER	MINAL DISEAS	E DR CONDITIO	N GIVEN IN PA	IRT 1 (a).					
SHOULD BOND BOND BOND BOND PEN CHIEF MALE MALE MALE MALE MALE MALE MALE MALE	MEDICAL CERTIFICATION	190 DATE OF	F OPERA	TION	196 CC	NDITION FO	R WHICH OPE	RATION W	AS PERFOR	RMED?				è	20 AUTO	
ON OF V	CAL CER	210 EXTERNA UNDERLYING CONTRIBUTI	G Do	R	HOUR	AE OF INJURY A.M. MONT P.M.			OW INJURY	OCCURRE	D (ENTERN	NATURE OF INJ	URY IN ITEM 1	8 PART I OR PA	ART 2)	
BIVISION OF VITAL R. THIS CERTIFICATE SHOUTE. WARTING THE WORD YEWARDED TO THE CHIEF. R. PAGE 3 SHOULD BE USE E. STATE DEPARTMENT OFF D. 21201 PRIOR TO BURIA	MEDI	21d. INJURY O WHILE AT WORK	OCCURR DOIN	WHILE [ACE OF INJUI T, FACTORY, FARA			CATION			CITY OR TOV	VN	со	UNTY	STATE
TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRIPAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE BATTIMORE, MARYLAND, 21201		22a I cert death result ACTUAL SIGNATURE	-	10	e of the remoir of couses	Accident		Autop	, Homi	Inspection cide	Undete	Inquiry ermined mo	nner .	nd in my op DATE SIGNE	2 -/	3-86
O MEDIC XECUTET AGE 4 S O FUNEI NFTER DE/		EXAMINER'S (TYPE OR PRI		E.	P-Wi	IliAI	nson	The	ADDRESS_	335	506		6.1	MAT!	LPx2	1228
BP	C	URIAL, CREMA SPECIFY) Buri UNERAL DIREC	al		2/20/86		astvie				Ba	CATION ORTOWN 11timo	re R MS REC	COU	NIY	STATE .
DHMH - 17 (VR A15 ME (5))				larch	F/H We	st 430) Wabas	h Ave	nue	FEB	20	1986	guna			ý



062102		FOR	DED	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA	I HYCIENE A		mp 14,	my wy
OUNTON	1	STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	0 0	EG. NO.	5 5	15
2 Feb.		CEASED NAME JOHN	MIDDLE	Bosley	20. DATE OF DE		DAY YEAR	1 PM M
ge 4 may ector, po estar after a	3.5E	Male	Black	S. DATE OF BIRTH	Lat A	LAST BIRTHDAY) YRS	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
O 233	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIE	Balt	I MOL	, O	UNTUMD.
10 18	L, C	Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE ST VOS	et 1 TTOSP		CUPATION MOST OF WORKING		
(306)	71/1	AL RESIDENCE IF NURSING HOME OR TE 136 COUNTY BOOK	OTHER INSTITUTION GIVE RESIDENCE ITY I I I I I I I I I I I I I I I I I I	YES NO	x 10903	Ma Cor		D. 21030
	0	UNKNO	WIDDLE LAS	Gertr	ude "	IDDLE	Bos	slev
Adopted to the second		VAS DECEASED EVÊR ÎN U.S. AR/ (ES NO OR UNKNOWN) (1F YES, GIM	WED FORCES? EWAR OR DATES) 214-16	SECURITY NO. 17 INFORMANT -3827 MARQUER	lite Bosi	ey 109	OBNO C	DRMICK BI
KDS, 201 W. PRESTON 51., a regimes that the death certifical is ugated by the attending phy Then please remove carbonaps to buriel, remodilan, or certifical injury, or other traumons, event	NO	PART I DEATH WAS CAUSE! IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS b) DUE TO, OR AS A CONS		E TERMINAL DISEASE O	t factor	VEN IN PART 100	
7 1 1 2	THECATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	YES N	IN CERT	S, WERE FINDIN IFYING CAUSES ES []	
SCIAN OF VIT	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	19 YEAR	OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 21	
MA THE PARTY OF TH	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC.) 211 LOCATION STREET	CI	ty or town	COUNTY	STATE
TTENDE posts or 1708. A for ser of Hosts		22a t certify that (1) (this haspit saw the deceased alive on, above, (1) (we) (did) (did not		rom, 19, 19, and that in (my) (aur) a	pinian death accurred ai	the date and ha		that (I) (we) last causes stated
SHIAL OF A NEAL DIRECTOR OF A STATE OF A STA		226. SIGNATURE Mutually 2726 PHYSICIAN'S NAME (1496 6)	1 D. de Lu	22e ADDRESS	IAN DIRECTOR	^	27c DATE:	25/1986
TO HOS		NATIVIDAD		1	JOSEPH 140		TOWSON	MD,2/20
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	3-1-86	PLEASANT REST	TOWS	ON		RYLÄND
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	WM.C.MARCH F	/H INC. 110°	I's E.NORTH AVE.	FEB 27 19	86 Julian	Davidson-V	andase.



20M 4/B2

The second secon S S S A S El Cier 2 .vou since stem M. Galto. W votos of High and A color water took . M. 205 High sondow Mr. 2156 ill-ill-ill good dimental . dooring the perfect the

THE SERVICE SELECTION OF SERVICE SELECTION OF SERVICE SERVICES.

and thereof burgons 800

Light Stiff Hills as the ... - The

1			STATE OF MARYLAND		
INU L	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B O REG. NO	
	DÉCEASED NAME FIRST YPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
ler	Lee	D.	Boyd		2 5 1986 (2:10A
1	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS ME
3	Female	White	12 12 1895 YEAR	90	YRS
7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
27 I	New York	U.S.A.	WIDOWED DIVORCED	Baltimo	re County
7 10	CITY OR TOWN OF DEATH TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) &Convalescent Cent	120 USUAL OCCUPATION INTERPRETATION OF WORK FOR MOST OF HIS	ON 12b. KIND OF BUSINESS C F WORKING LIFE) INDUSTRY
6 I	Maryland FATHER'S NAME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	21218
00	Unk	MIDDLE LAST	(Unknown)	Wyanoke Av	re. & Old York Rd.
0 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	REMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 218/01/4		oyd Jr. 100	Balto., M Winding Way 21210
gmer noumens a	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)		700	
NOTES		moved who due	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 11a
/ 4		196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
9	OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJUI	PY IN ITEM 18 PART I OR PART ?)
/ Jugar	21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE I	PARM ETC.) 216 LOCATION STREET	CITY OR TO	WN COUNTY STATE
	saw the deceased alive of	and the deceased fram 19 not) view the bady after death.	79 , 19 89	death accurred an the do	ate and have and from the causes stated
	226. SIGNATURE Rucen	(Konoleus	DEGREE ATTENDING PHYSICIAN (MEDICAL STAI	
7 4 7	226 PHYSICIAN'S NAME (TYP		22e ADDRESS		

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation 24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222

2/7/1986

236 DATE

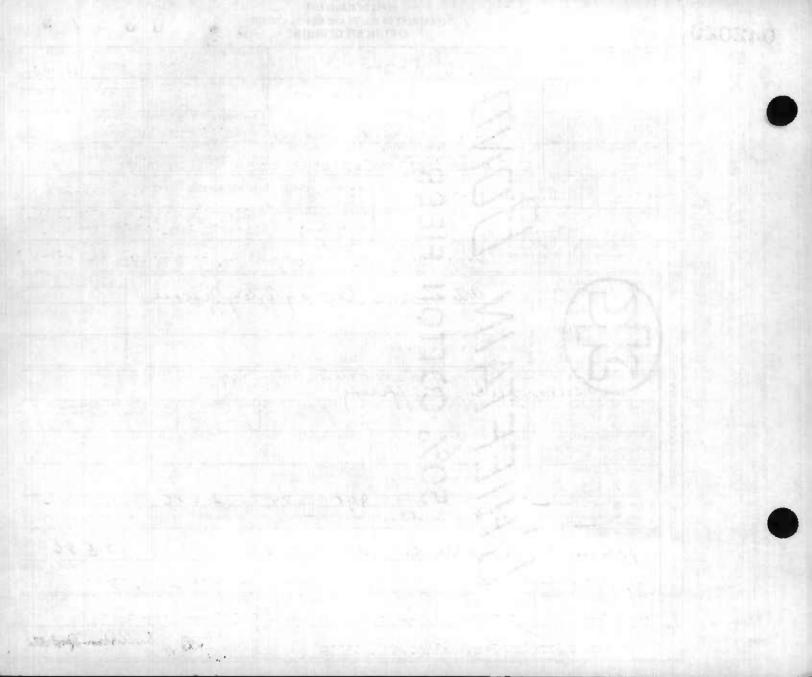
Dr. Marion Kowalewski

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

336. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory Baltimore, Maryland

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.



44	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENT CATE OF DEAT		IENES 6	0	3 5	7 6	
		EASED NAME	FIRST		MIDDLE	-	ST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
10			TOAN	Dan	niel	DK	ESNAN.	, ,	February			2:30	M
X	3. SE)			4 RACE		5. DATE O		EAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 H	RS.
	Ma.			White		6-	24-23		62	YRS			
85	(OUNTRY)	R FOREIGN		WHAT COUNTRY?	8 MARRIED	NEVER MARRI	ED 🗆	9 BALTIMORE CITY O				
2	with the	lto., MD		USA		WIDOWE			Baltimo				MD.
9/	W	TY OR TOWN OF DE Ssville	ATH		in Square		ROTHER INSTITUTION IN CONTROL INCOLUTION CONTROL IN CON	ON	120 USUAL OCCUPATION OF THE CONSTRUCTION OF TH	WORKING L	IFE) INDUSTRY	rott (
85		L RESIDENCE (IF NUI TATE D	13b COUN		Balto. C	N I	13d. INSIDE CITY LIA YES K NO		5850 Belai	ZIP COD	ed, Balı	0. 212	206
أدام والم	4 FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIL		ME		LA	5.7	
201	1	John		J.	Bresna	n	Áďa		MIDDLE .				
100	100	AS DECEASED EVE			166 SOCIAL SECU		17 INFORMANT		ADDRE				
1	Ye	5	WWII	Navy	219-18-76	98	John E. B	resn	an, 5850 Be	lair	Rd., Ba	alto. 2	1120
r other troumatic event,		Conditions, if an gave rise to in cause (a), statunderlying cous	WAS CAUSED IMMEDIATE y, which nmediate ing the	DUE TO, O	Myocardi R AS A CONSEQUE	ial In	farction					IMATE INTERVAL ONSET AND DEA	
y, 0	7			_		_			INAL DISEASE OR CONE	DITION GI	VEN IN PART I	a	
-	TIO						stasis to						-3
2	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED)	200 AUTOPSY? YES □ NO X	IN CERTI	S, WERE FINDI IFYING CAUSES ES []		
9		210. ACCIDENT WAS UI OR CONTRIBUTING [CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	TY IN TEM 18	PART 1 OR PART 2)		9
/opad	MEDICAL	21d INJURY OCCUI	VHILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
m 21 is man		saw the decea abave w (we)	(this hospit	Горина	ry 4 19	86_, on			to Februar death occurred on the do	y 4		causes stated	
2		226. SIGNATURE	Retty					DING CIAN [MEDICAL STAF		Z/	SIGNED	
ALC: NO. OF LANS.		774 PHYSICIANICA	PROVINCE LIMPE OF	PRINTS			22. ADDRESS						

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR John Miller, Inc., 6415 Belair Rd. 21206

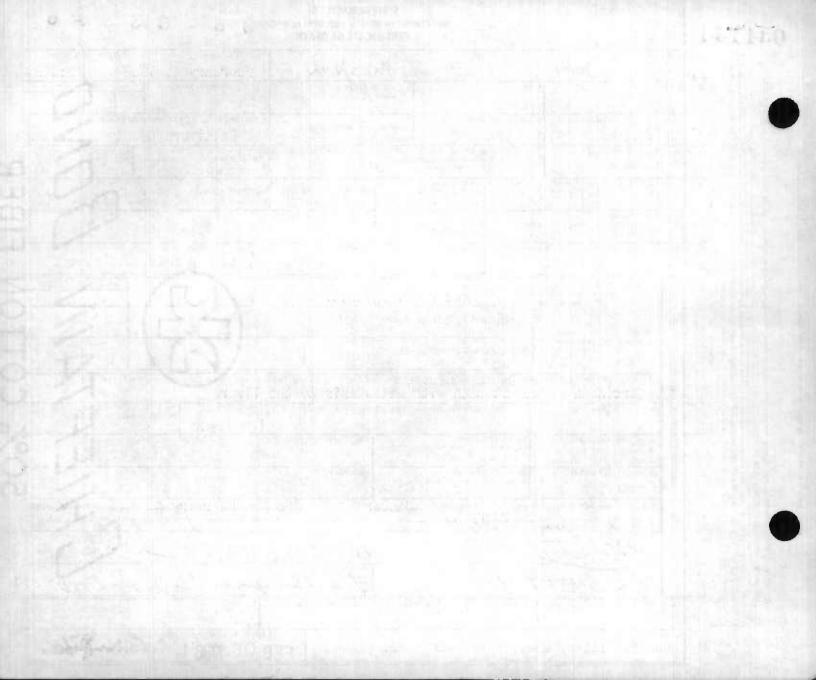
236 DATE 2-6-86

236 BURIAL, CREMATION, REMOVAL
Buryal

23c NAME OF CEMETERY OR CREMATORY Holly Hill 23d LOCATION Middle ORiver

Frankhi Symon / Loys. 1997 LIM D21237.

Balto., MDAIE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR - STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 35 877

	1 050				AIDDLE		AST	REG. 140	MONTH DAY YE		2112
		OR PRINT)	FIRS1							AR 2b HO	JUK
- 1		T.	VALTER	LEF	OY B	REWER,	SR.	February 2	24, 1986		M
	1.5EX	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR			DER 24 HRS
7		Male	. 34	Whit	e	Febri	uary 18, 1914	72	YRS	ATS HOUR	5 MIN.
1	BIF	RTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	Н	
3	15	Maryland		U.S.A		WIDOWE	D DIVORCED	Baltimore			MD.
2		TY OR TOWN OF DEA Cimonium	ATH	CIENOT IN SUC	HOSPITAL, NURS HEACHITY GIVE STRE SEVELT S	ET ADDRESS)	21093	12a USUAL OCCUPATION OF Plumber -	ON 12b. KIR F WORKING LIFE) INDUS Self Empl	ND OF BUSI TRY oyed	iness or
5	13a S	AL RESIDENCE (IF NURS	136 COUN Balti	other institution TY .more	GIVE RESIDENCE BEF	WN	136 INSIDE CITY LIMITS?	3 Rooseve	ZIP CODE Lt Street,	2109	3
1	5 FA	THER'S NAME George	Wâ	AIDDU Lrd	Brewer		15 MOTHER'S MAIDEN NA Virgie	V. MIDDLE	Schoo	ler	
	16n V	VAS DECEASED EVER			16b SOCIAL SE	CURITY NO	17 INFORMANT	ADDRE	SS		
		NO OR UNKNOWN)		WAR OR DATES)	219-01		Mrs. May C.				
		18 CAUSE OF DEAT	H Enter anl	y ane cause per	line far (a), (b),	and ic			AP BETV	PROXIMATE IN	TERVAL ND DEATH
		PART I. DEATH W		BY: E CAUSE (a)	INFI	-JEN	ZA				
				DUE TO O	R AS A CONSEG	UENCE OF					
		Canditians, if any		(b)_			RY CONGE	STION			
		gave rise to imr		DUETO	R AS A CONSEG	UENCE OF		11	-		4 15
	5	underlying cause	last.	(c)	ASC	VD	- CONGESTIL	IE HEART	FALLURE		
		PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	NTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RT Tra	
	ō	^	Troc	ARDI		NFA		Remite			
7	S	190 DATE OF OPERA	TION	196 COND	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FI	NDINGS U	SED ATH?
	CERTIFICATION	NA						YES NO	YES	NO	
5	CER	210 ACCIDENT WAS UNI			FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	T 2)	
1	AL	OR CONTRIBUTING		III		19					
	MEDICAL	21d INJURY OCCUR	_	21e. PLACE			211 LOCATION	CITY OR TO	wn COUNT	Y	STATE
	×	WHILE NOT WE	RK	TAT HOME SIN	EET, FACTORY, OFFIC	E PARM, EIC)	3,460				
		22a certify that (1)	(she hospit	ale attended th	e deceased from	15	74 19	to FEB	19.86	, that (1	(we) last
		saw the decease above, (1) (week)	ed alive an	JAN view the hody	ofter death	85 01	nd that in (my) (aum apinian	death accurred on the do	ate and haur and from	the causes	stated
		22b. SIGNATURE		O	direr dedin.		DEGREE		22c. D	ATE SIGNE	D
		7	10	lun	1	M	ATTENDING PHYSICIAN I	MEDICAL STAF	IANT 2	124/	86
		22d. PHYSICIAN'S N	AME (TYPE OF	PRINTI	To Aller S		22e ADDRESS				
		Robert	W. Li	isle, M.	D.		57 Timonium	Rd. W., Ti	monium , M	d. 21	093
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY		STATE
	B	Burial		2-27-8	36	Dulane	y Valley	Cockeys	ville, Mar	vland	STATE
	24 FU	NERAL DIRECTOR				050 Yo	rk Rd. 250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	NATURE	FIRE
	Ru	ick Towson	Funer	cal Home			Md.21204	FEB 2 5 199			
1							and the same of	190	0	-	-

DHMH - 16 60M 7/84 (VRA 15, 4)

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05	7030	1-	FOR STATE REGISTRAR					MENT OF	HEALTH		ENTAL H	6.0	0	Q REG.	3	5	7 8	
			CEASED NAME OR PRINT)				MIDDLE		D	LAST	T.,		20 DATE OF	KNOWN ESTI-	X MON			2b HOUR
	EAS TOR TOR SEET	3 SEX		Norman		OF BIRTH		6 AGE (IN YE	B.	riages	Jr.	24 NDC		MATED	☐ 2	20 TH DAY	19 86	2d HOUR
	DIRECTOR FOUR FOUNDAMENTAL STATEMENT ON STI	Ma		Black	MONTH 6	22	61	24 YF	Y) MONT		HOURS	MIN	2c. DATE PRONOUN DEAD	ICED	2	20	186	12:20 a M
	NECESSARY, PIEASE INFRAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	FOI	RTHPLACE (S REIGN COUNTRY) ichigar		7b. CITIZI	USA	HAT COUN	ITRY?	MARRI WIDOW	ED NE	VER MARRIE	ED XX	9 BALTIM		_			
2		10 CI	TY OR TOWN	OF DEATH	(IF NOT	E OF HOS	CILITY, GIVE S	RSING HOME TREET ADDRESS)	, OR OTH	ER INSTITU	TION	12a USU	JAL OCCUP MOST OF WOR	ATION (TYPE OF WOI	RK 12b K	IND OF BU OR INDUSTI	ISINESS RY
15:	AND STORY OF		Catonsv L RESIDENCE	71110 (IF IN NURSING HOME OF	OR OTHER INST	TALLE	VE RESIDENCE	near	Ingle	eside Isa inside (12. CYP						
A 2120	AN A		Md.	V			Balt	ORTOWN		YESX			9 Per	irose	e Ave	nue	212	23
MORE, MD	DEATH.		Norman		WIDDLE		Bridg			Chi	er's MAIDEN ristin	I NAME	M	Bridg		Stan	ley	
J.W.C	SECOND O	16a, W	AS DECEASE	DEVER IN U.S. AR	MED FORC	ES?		IAL SECURIT		17 INFORA	MANT			ADDRE	SS			ST 1
BALI	PAGN SINISI		NO CAUSE C	E DEATH (Ease as	h			80-083	2	Chris	stine	B. S	Stanle	ey 2	2109		ose A	
N ST.	EM 18 WG V ERMIT ENE, E		PARTIDE	F DEATH (Enter an ATH WAS CAUSEI IMMEDIA	D RY.			wound:	of r	neck						881	TWEEN ONSET	AND DEATH
RESTO	Z S S S S S S S S S S S S S S S S S S S		Canditia	ns, if any, which	DU			ISEQUENCE (4								
N/	CO SE		cause (a	se to immediate stating the <u>under-</u>		(b) IE TO, OR	AS A CON	ISEOUENCE ()F									
5, 201	NOW NOW		lying cau		((c)												
CORD	NE BE BOUNDING	NON	PARI Z UINER SI	GNIFICANI CONDITIONS	CONTRIBUTION	6 TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASI	OR CONDITION	N GIVEN IN PARI	T I (a)						
DIVISION OF VITAL RECORDS	CERTIFICATE SHOULD BE EXCEDING THE WORD "PENDING THE WORD "PENDING DED TO THE CHIEF MEDICAL ES SHOULD BE USED AS A BE EDEPARTMENT OF HEALTH OF PRICE TO BURIAL, CRUMA	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	191	CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20	AUTOPSY?	
JF VI	WENT OF SECOND	ERT		L CAUSE WAS		. TIME OF			21c HC	OW INJURY	OCCURRED) LENTER I	NATURE OF INJ	URY IN ITEM	18 PART 1 OF	R PART 2)	YES X	NO []
ONO	ARTA OR T	CAL		NG CAUSE OF I	DEATH]	2+xx	. 2	DAY YEAR 20 1986	S	ubject	shot			198	3	6		
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	3 正 山 ひ ナ つ		death result	ed fram: Natur	ral causes	-	Accident	L., Sui	cide 🔲		ide X.	Undete	ermined ma	nner _],			
	SE, W.		ACTUAL SIGNATURE,	1111	5	XX	8	\	м	D. ASSI	stant	MEDI	CAL EXAM	INER	DA ¹ SIG	TE 2	/20/8	6
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE A SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH BALLIMORE, MARY		EXAMINER'S (TYPE OR PRII	NAME NT)	Ann M	1. Di	xon,	M.D.		ADDRESS	111 P	enn	St.	Balt	o.MD			
		230.BL	Burial		36 DATE 2/24/	/86		NAME OF CEA			ORY	23d. LO	CATION Ttimo	, MO	Md	OUNTY	ST	ATE
07/B4 25M	BP		INERAL DIRECT		-//	ADDRESS		SUVIC	riciii		25a. DATE RE	CD BY	REGISTRAL	R 25b. RE	GISTRAR'	SSIGNA	Angel an	
	(VR A15 ME (5))	V	Vm C. M	larch F/H	West		00 Wa	bash A	ve		FEE	04	1900	dune		-		2.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	3	19	7	9
U	9	3	4	

				KEG. 140	J		
1. DECEASED NAME FIRST	MIDDLE	= 0	LAST	20 DATE OF DEATH		YEAR	2b HOUR
	et T. Briele				2/24/8	6	3:00p M
3. SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT		DER 1 YEAR	IF UNDER 24 HRS
FEMALE	WHITE	JÜL	Y 19°, 19°12	73	YRS		HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
VIRGINIA	U.S.A.	WIDOWI		Baltimor	e Count	У	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
Towson	6701 N Charles	s St G	BMC	HOUSEWII	FE	HOM]	E
			YES NO NO	13e STREET ADDRESS / 6516 MAPI		RD.	21212
14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	NT.
ALFRED	TREADWEL	L	ANNIE	F			EARS
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS		
NO NO		0993	ROBERT D. 1	BRIELE BAI	TO., 1		1212
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line far (a), (b), an	dic				BETWEEN	MATE INTERVAL ONSET AND DEATH
IMMEDIA	ATE CAUSE (a) Cardiac	Arre	est			3 Mi	nutes
A Committee of the	DUE TO, OR AS A CONSEQU	ENCE OF					
Canditions, if any, which	(b) Liver	Failu	ıre			8 da	lys
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF					
underlying couse last.	(c) Metasta	atic (Carcinoma				
	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART 1	a.
190 DATE OF OPERATION 2/10/86 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH	OBERATIO	NAME OF DESIGNATION	200 AUTOPSY?	206 IF YES, W	DE CINIDA	NOS WAST
2/10/86			IN WAS PERFORMED	200 AUTOPST:	IN CERTIFYING		
2/10/00	Colon Carci	Lnoma	Tax How billian a sever	YES NO	YES	-	но 🗌
OR CONTRIBUTION CONTRIBUTION OF OR	- 110110 111 11011711 0	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART 2)	
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(IF EITHER NOTIFY MEDICAL EXAMINED 21d. IN JURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, S	FARM ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
AT WORK NOT WHITE AT WORK		- 1.		· · · · · · · · · · · · · · · · · · ·		0.	
	pital) attended the deceased fram_			66, to 2/2	. 17		that (I) (we) last
	n 2/24 19 at view the bady after death.	_8b_, a	nd that in (my) (aur) apinian o	death accurred an the do	ate and have an	d from the	causes stated
22h SIGNATURE	10		DEGREE	MEDICAL STAT	c	22c. DATE	SIGNED
feld of	faul			MEDICAL STAF		2/	24/86
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				
Dr. R Kar	01		GBMC				

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD

BURIAL

230 BURIAL, CREMATION, REMOVAL 236 DATE FEB. 27, 86

23c. NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY

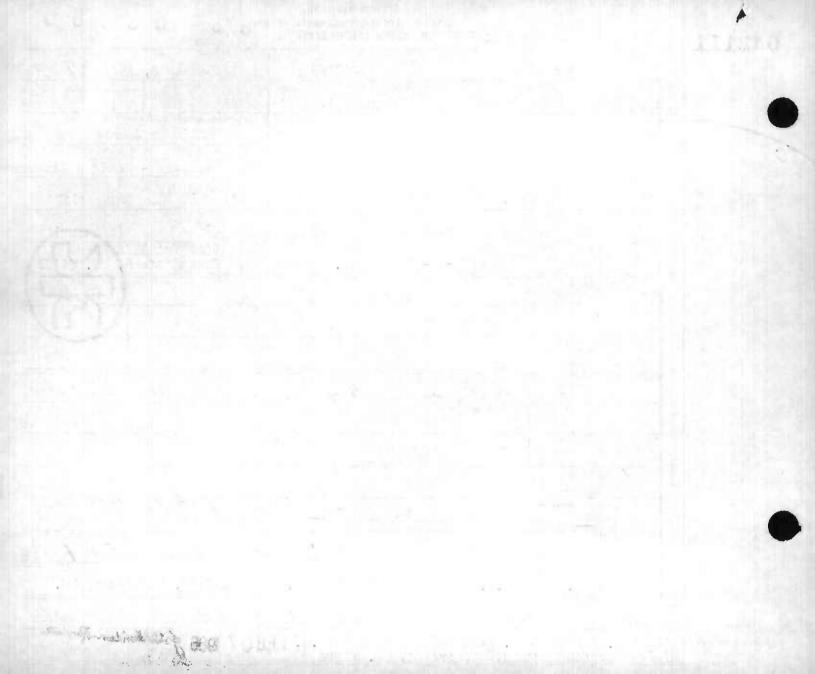
TERY BALTIMORE CO. MARYLAND

1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 2 SIGNA

FEB 2 5 1986

11		CEASED NAME F	BENEDICT	MIDDLE	U	BROCATO	20 DATE C	February		986	26 HO
	3. SEX		4 RACE		5 DATE O	OF BIRTH		YEARS LAST BIRTHDAY		NDER I YEAR	
	Mo	ale	whit	e	Febru	uary 1, 1 901	8		YRS.	HS DAYS	HOURS
77		RTHPLACE (STATE OR FORE OUNTRY) taly	IGN 76. CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	9 BALTIM	Baltimo			
\$2	Co	TY OR TOWN OF DEATH atonsville	(IF NOT IN SUC 411 W	HOSPITAL, NURSIN CHFACILITY, GIVE STREET hitfield		OR OTHER INSTITUTION	TYPE OF WO	externost of wor Employe	KING LIFE) II	26. KIND C NDUSTRY ruit	
35	13a S	-	Baltimore	136 CITY OR TOW Catonsu	Nille	13d. INSIDE CITY LIMITS? YES NO (1)		ADDRESS ZIP	eld R	oad	212:
\$30	I4 FA	ther's NAME Calogero	WIDDIE	Brocato	15	Rosa	AME	MIDDLE		(Unki	
medicol	16a ∨ N	(AS DECEASED EVER IN ES NO OR UNKNOWN) (1	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	216-05-0		Mrs. Connie	Нодд	9277 Fu Randall		, MD.	
r troumatic		Conditions, if ony, w	hich (b)_	DR AS A CONSEQUE	ENCE OF	noma of f					
s, any injury, or other traumatic	FICATION	Conditions, if ony, w gove rise to immed couse (a), stating	DUE TO, O hich liote the DUE TO, O lost. CANI CONDITIONS C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E	ENCE OF	NOT RELATED TO THE TER WITH HYPELENSE N WAS PERFORMED	200 AU	OPSY? 20b	L IF YES, WI	ERE FINDI	NGS US
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STATE OF MARYLAND



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1 31 8	(TYPE OR PI	SED NAME FIRST John	MIDULE	Leo	Brooks.	S	. DATE OF DEATH	MONTH DI	AY YEAR	OF 45 M
oge 4 mo rector, p	2 55X	MALE	WHITE	-		YEAR	94	YRS.	FUNDER 1 YEAR	HOURS MIN.
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38	TO	WSON	(IF NOT IN SUCH FACILIT	TY, GIVE STREET ADD		(T	USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF			
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	200	R'S NAME FIRST Stephen	MIDDLE B	rooks	15 MOTHER'S MA FIRST Anna	AIDEN NAME	WIDDIE		1100000	nnedy
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TO HOSPITAL OF ATTENDAND PHYSICIAN. The loss requires that the tendenced by the hospitals or uttending physician. TO FUNERAL DIFFICION. After this certificate has been signed by the thould be detailed for use in the buriel primit. Then plants or with the State Days of Health and Merical Hyguere prior to burnel, crem. WPORTAMT, it seem 21 is marked an item. If shows any priorly, or other states.	PAI 190 210. OR (III 210. 220. 220. 222d.]	DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE- FETHER NOTIFY MEDICAL EXAMINET INJURY OCCURRED IL certify that (1) (this hasp sow the deceased alive an abave, (1) (we) (did) (did not above, (1) (CONDITIONS CONTRIBUTED TO THE CONDITION FOR THE CONDITION FOR THE CONDITION FOR THE CONDITION FOR THE CONDITION TH	EOR WHICH OP	PERATION WAS PERFORME 21c. HOW INJUR 211 LOCATION STREET , and that in (my) (our DEGREE ATTEL PHYS 22e ADDRESS	Y OCCURRED 9 NDING SICIAN STD	200 AUTOPSY? YES NO CITY OR TOVE To to the do	206 IF YES, IN CERTIFY! YES YIN ITEM 18 PAR	WERE FINDING CAUSES COUNTY 9 , ond from the	NGS USED SOF DEATH? NO STATE that (I) (we) last couses stated SIGNED

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DHMH - 16 60M 7/B4 (VRA 15. 4)

Burial

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 23b DATE

Jr. M.D.

Feb. 25.1986

23c NAME OF CEMETERY OR CREMATORY Loudon Park

7600 Osler Drive, Towson, Md.

Baltimore City, Mrryland STATE

6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S STONATURE

COUNTY

STATE

- a Davidson Pandage

22c DATE SIGNED

2h HOUR

12h KIND OF BUSINESS OR

Lever Bros.

INDUSTRY

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STATE OF MARYLAND

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1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HO	UR	
(TYPE	Eleanor	Α.	BRO	OWN	February)2p M	
3 SEX .4 RACE		5. DATE (6. AGE TINYEARS LAST BIRTH	MONTHS DAYS HOURS	ER 24 HRS		
Female		White	June		84 YRS.			
70. BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT C	OUNTRY? 8	_	9 BALTIMORE CITY OR COUNTY OF DEATH			
Maryland		U.S.A		D NEVER MARRIED U	Baltimore County MD.			
10 C	TY OR TOWN OF DEATH		1. NAME OF HOSPITAL, NURSING HOME O		UTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS C			
	122 02000	(IF NOT IN SUCH FACILITY		44.7	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home			
	AL RESIDENCE (IF NURSING HOME OF	Franklin S		Ital	Thousewile	1000		
13a S	aryland Balt	NTY 13c_CIT	YORTOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE iver Neck Rd. 2	1221	
14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME			
	James M. B	WIDDLE	LAST FIRS		lattie E. Anderson			
16a V	VAS DECEASED EVER IN U.S. AF				ADDRESS			
(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			215 24 3976 Dorothy Fer		stermann	(same)		
	18 CAUSE OF DEATH (Enter of				D V V A II MAAAA	APPROXIMATE INT	ERVAL	
				rotic Cardio	ovascular		DEATH	
	IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease and Congestive Heart Failure							
	DUE TO, OR AS A CONSEQUENCE OF							
	Conditions, if any, which gove rise to immediate							
	couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.							
NO	(c)							
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
A	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPE			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US	ED	
E					YES NO	IN CERTIFYING CAUSES OF DEA		
MEDICAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
A P	OR CONTRIBUTING CAUSE OF DE	ALIN .	ONTH DAY YEAR					
DIC	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJU	19 RY	211 LOCATION				
ME	WHILE NOT WHILE		ORY, OFFICE, FARM, ETC)	STREET	CITY OR TOW	OUNTY COUNTY	STATE	
	AT WORK AT WORK		Febru	ary 5, 10 86	Februar	V 11.0 86		
	above, X (we) Idid (dia fat) view the body ofter death.							
	DEGREE 221. DATE SIGNED 21. DATE SIGNED							
	PHYSICIAN DIRECTOR PHYSICIAN W						(0)	
	22d. PHYSICIAN STAME LOPE OR PRINT) 22e ADDRESS,							
	Gregory Ro			9000 Frank		Drive, 212	37	
230. BURIAL, CREMATION, REMOVAL 28. DATE 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY STATE								
Burial 2/15/86 Lorraine Park Cemeterly Baltimore Maryland								
250. DATE REC DABY REGISTRAR 256, REGISTRAR'S SIGNATURE								
Br	Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. 1986 June Dandon Handell							

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover the State Dept. of Hem 21 is marked or Hem 18 stows any injury, or other troumatic even them.

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	STATE OF MARYL
FOR	DEDADTMENT OF HEALTH AND

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU			BUSINESS OR
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)		OR CONTRIBUTING (CITY CONTRACTOR	M. MONTH DA	AY YEAR					
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY		211. LOCATION				
9	W	WHILE NOT WH	nte 📄	(AT HOME STR	EET, FACTORY OFFICE F	ARM ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
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H	4	saw the decease above, (1) (weste	d alive an	21	7/2/10	, or	that in (my) (our apinion	death occurred on	the date and ha	our and from the co	uses stated
		22b. SIGNATURE	(ala na	III view the opay	arrer death.		DEGREE			22c DATE 81	GNED /
			1	Egur	8//	4_	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [2/6	8/86
	1	V W	ME (TYPE	NO	UTE	N	120 ADDRESS / 1	Belair	Rd	2/2	.06
		URIAL, CREMATION,	REMOVAL	23h DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	67,75
		Buria	al	2/11/	1986 C	entre	cemetery	Fores	t Hill	, Harfo	ord, Md.
	24 FL	NERAL DIRECTOR			ADDRESS			E REC'D. BY REGIS	4	- C	
	M.	Gladder	Kui	rtz i	Jarretts	vill	e, Md. FEB	1 1 1988	Julia Da	vidour-Rand	1

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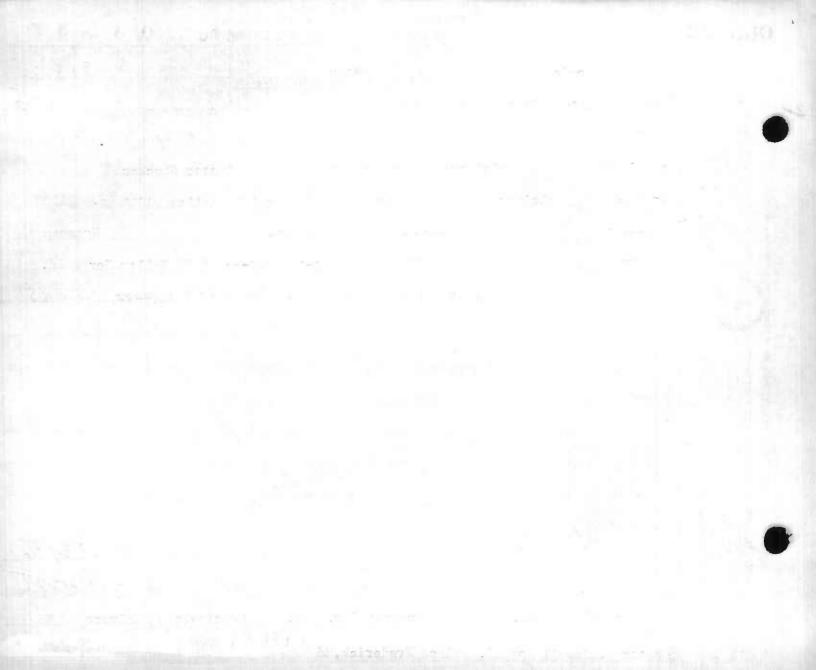
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TO FUNERAL DIRECTOR.

(VRA 15, 4)

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	ENDING PHYSICIAN. The law requires that the death certificate be execute within a hours after death trages	IOR. After this certificate has been signed by the attentions physician and camparate his by the funeral direct or use as the bursh framit permit. Then please remove corban popers. Pagews and Linds be filed writin 72 hours of Health and Manifol Hussian action to bursh crementar, or second
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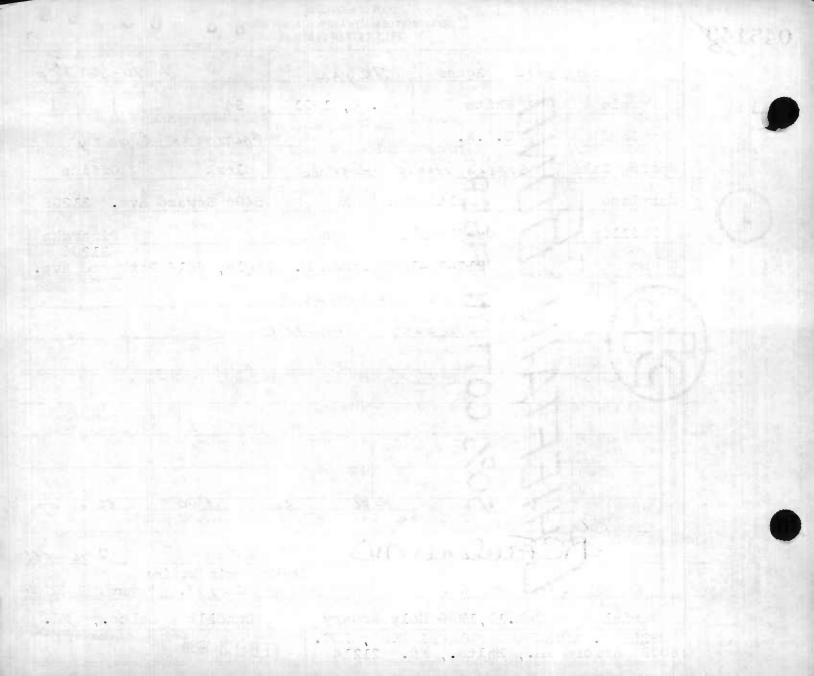
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦃 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 2a DATE OF DEATH 26 HOUR 210 TYPE OF HEWAY LORETTA Agnes IF UNDER 24 HRS MONTH Aug. 6, 1931 Female White 54 O BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Spring Lake STELLA MARIS Office Clerk HOSPICE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Maryland 5409 Seward Ave. Baltimore 21206 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Phillip Czajkowski Wanda Pisarska MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21206 IYES NO OR UNKNOWN) 212-26-1808 Karen M. Yeagle, 4614 Parkwood Ave. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY METASTASIS UNG IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BREAST Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTX 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 I certify that (I) (this hospital) ottended the deceased Iram. saw the deceased olive an_ Me , and that in (my) Court apinion death occurred an the date and have and from the couses stated above, (1) (e) (lid (did not) view the bady after deoth. 226 SIGNATURE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Stella Maris Hospice Kendall R. Faulkner, M.D. 2300 Dulaney Valley Rd. - Towson, MD 21204 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Dundalk Md. Reb.13,1986 Holy Rosary Balto., 250 DATE REC D. BY REGISTRAR 256 REGISTRAR AND THE PROPERTY OF ROBERTECCR ALTENBURG FUNERAL HOME, INC.

21214

DHMH - 16 60M 7/B4 (VRA 15, 4)

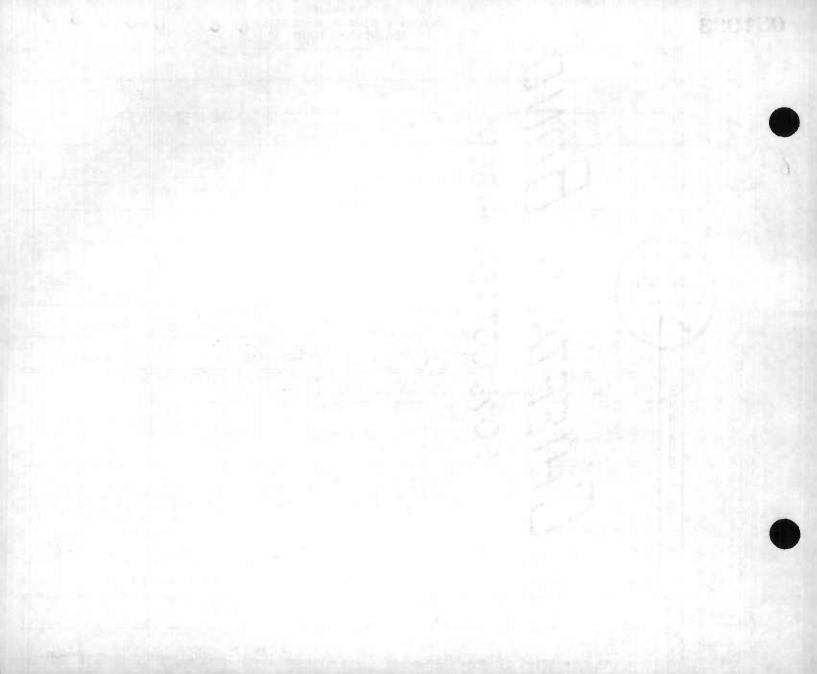
6009 Harford Rd., Balto., Md.

FUNERAL DIRECTOR OF The Store Dept.



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8	HYSICIAN. The law requires that the death certificate be executed within 24 have rather earth. First 4 may be adding physician.	his certificate has been signed by the attending physician and campletely filled. The principal and the control of the place remove carbonpapers. Pages 1 and 2 shaulder.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2n DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 2b. HOUR (TYPE OR PRINT) WILLIAM EARL BUNDEY 86 3 SEX 4 RACE S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH MALE BLACK 10 1910 76 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND BALTIMORE CITY WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** 6200 Pleasant View Avenue BALTIMORE Koppers Co. 13. STREET ADDRESS / ZIP CO 200 Pleasant View 130. STATE Maryland Baltimore Ave. Baltimore, Maryland 21209 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Robert Nelson Washington Bundey Amy 6200 REPleasant View Avenue 166 SOCIAL SECURITY NO 17 INFORMANT 215-27-3764 Baltimore, Maryland 21209 No. Natalie H. Bundey APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b) and (c) PART I. DEATH WAS CAUSED BY minuces IMMEDIATE CAUSE (0 Mihure Conditions, if any, which gove rise to immediate couse (o), stoting condibl Interction underlying minuce PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NOF 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC I NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS E. Jarologo St Juke (02 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 2/17/1986 Woodlawn Cemetery Burial Baltimore, Maryland Nutter & Sons Funeral Home, one Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) we way doon fandals



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

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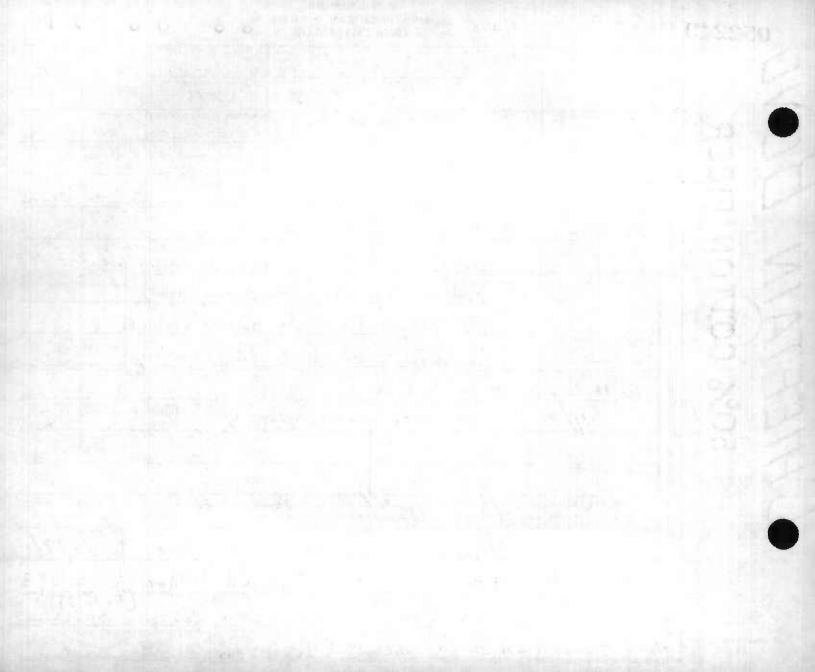
		REGISTRAR				CERTIF	CATE OF DEATH	RE	G. NO.			
		EASED NAME	FIRST	N	AIDDLE	LA	ist	20. DATE OF DEA		DAY YEAR	26 HOUR	
	(TYPE	JAMES		D.		Bu	ROAN	FIRE COLD	2-	6-86	6	A M
Н	3. SEX	1	4	RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS	4 HRS
	1	MALE		WHI	1E	5	-17-06	74	YRS			
1		THPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY	? 8 MARRIET	NEVER MARRIED	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH		
2		Md.		US		WIDOWE	DIX DIVORCED	BALTI	MORE	CO.	1105	MD.
0	ij ch	Towson	H 1	1. NAME OF H	HOSPITAL, NURS HEACILITY, GIVE STRE NOT Care	ING HOME O	ROTHER INSTITUTION	120 USUAL OCCU	OST OF WORKING L	12b. KIND O INDUSTRY 01	E BUSINES	SS OR
5	USUA 13a S	L RESIDENCE (IF NURSIN TATE Md.	IG HOME OR O		Baltimo		136 INSIDE CITY LIMITS?		Ess E. Belv	edere A	7e. 2	1212
7	A FA	THER'S NAME FIRST ROI	bert ~	W. Burg	an		15. MOTHER'S MAIDEN NAME Rachel		DIE	LAS	1	
5		AS DECEASED EVER IN			166 SOCIAL SEC	CURITY NO.	17 INFORMANT	A	DDRESS			
g de	14	NO NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	213 05	3941	Mrs. Virgini	ia Jones	1504 B	arrett H	₹d	07
-		18 CAUSE OF DEATH	Enter only	one cause per	line for (a), (b), o	and (c)				APPROXI BETWEEN	MATE INTERV	PEATH
		PART I. DEATH WA		ECAUSE (a)	KESPII	RATOR	Y FAILUR	25		7		
					R ASA CONSEO	UENCE OF	2.4			9, 11112		
	7	Canditians, if ony,		((b)	COLO	RECT	AL CANCE	ER				
		gave rise to imme cause (a), stating	the	DUE TO, O	CERE	PROF-			7 7 1			
		underlying cause	lost	(c)	-	WA.	SCULAR H	CCIDEN	T			
	0	PART 2 OTHER SIGN	IFIC ANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART 1	51	
4	CERTIFICATION											
1	ICA	19a DATE OF OPERATI	ION	196 CONDI	ITION FOR WHIC	CH OPERATION	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN		
	RTIF							YES NO		ES 🗌	NO 🗌	
1		OR CONTRIBUTING CA	-	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)		
7	CAI	LIF EITHER NOTIFY MEDICA	AL EXAMINER)	P./		19						
	MEDICAL	21d INJURY OCCURRE		21e PLACE O	OF INJURY REET, FACTORY, OFFICE	E FARM ETC)	21f. LOCATION STREET	CITY	ORTOWN	COUNTY	51	ATE
		AT WORK AT WORK	<u> </u>			A	0	C T-		81		
		22a I certify that (1) (tended the			, 19	2, 10 / 10			that (I) (w	
		saw the deceased above, (1)	d alive on _ (did nat)	view the bady	after death.		d that in (my) (aur) apinian	death accurred an i	the dote and ha			ted
		226. SIGNATUE	かい	9		M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN [DATE DATE	SIGNED	6
		VENIEL	TYPE OR	ALI	010	MO	6010	X DR 10	Red	213	-12	
	23a. B	URIAL, CREMATION, R	REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION	WN	COUNTY	ST	ATE
		Burial		2/8/8	00	Woodlar	vii Cem.	Baiti	more, M	a.		

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC. (VRA 15, 4)

6500 York Rd. FEB 13 1986 Julia Davidson Pendan

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Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DEPARTMENT OF HEALTH AND MENTAL HYGIENEO

Gulia Davidson- Mandalle

CERTIFICATE OF DEATH REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR LIVPE OR PRINTI Viola Burke February 20,1986 4:45A 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) 1.5EX IF UNDER 1 YEAR October 21.1895 Female White 90 BALTIMORE CITY OR COUNTY OF DEATH HETHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore County IISA WIDOWEDXX IL CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR Maryland Masonic Homes TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cockeysville Homemaker Baltimore 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland YESXX 21210 2 W. Lake Ave 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST John W. Bosley Pauline L. Zimmerman WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIE VES GIVE WAR OR DATEST 213-03-9435 Mrs. Doratha B. Lamdin Same APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for 10) (b), and 10
PART I. DEATH WAS CAUSED BY: Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG PART 2 OTHER SIGNIFICANT 90 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22s I certify that III (this haspital) attended the deceased fig sow the decreased alive of and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22h SIGNATURE DEGREE 23: DATE SIGNED 2-21-12 **ATTENDING** PHYSICIAN [] DIRECTOR WHYSICIAN [774 PHYSICIAN'S NAME LITTLE OF HOLLS De ADDRESS PaulM.Rivas. M.D. Phoenix, Maryland 23r. NAME OF CEMETERY OR CREMATORY 23s. BURIAL CREMATION, REMOVAL 73b DATE ZM: LOCATION CITY OR TOWN Burial Feb. 22,1986 Parkwood Parkville 24 FUNERAL DIRECTOR ACCRESS 6500 York Rd.

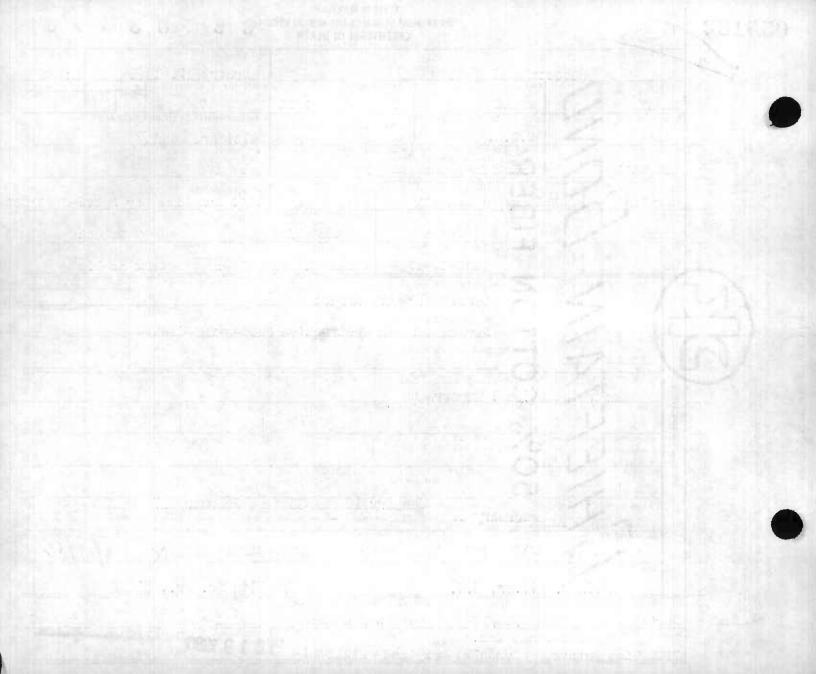
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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20		EGISTRAR				CERTIF	EALTH AND MENICATE OF DEA	ATH	REG. NO		3 5	9 .	3
12		ASED NAME	FIRST	/	MIDDLE	L	AST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	IR
1			Rebecc		BURKHOLD	DER			February 1		86	2:3	5а м
1.3	SEX		4	I. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS	24 HRS
100		ale		White		9		1912	73	YRS.			
7a.		HPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MAR	RRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
	Ohi		-	U.S.A.		WIDOWE	D DIVOR	RCED [Baltimore	Count	V		MD.
I make at	. CITY	OR TOWN OF DEA	ATH 1		HOSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTITU	ITION	12a USUAL OCCUPATION			OF BUSINE	SSOR
- W	11-1-	sville		Frankl	in Square	e Hosp	ital		Housewife		c, 1,003,1(1		
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	FATE	ER'S NAME	44	IDDLE	LAST		15. MOTHER'S MA		E	Tall I			
DBO H	Har	11101	m.	IDDLE	Polen		Adol	phine	WIDDIE		LaMo	tte	
9 160		S DECEASED EVER			166 SOCIAL SECU	URITY NO.	17 INFORMANT	•	ADDRE	SS			
e N	NO	, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-30-0	0586	James G	. Burl	kholder	Sam	e as 1	3e	
event, the	11	CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), on	nd (c)					APPRO	XIMATE INTER	VAL
ent	- 10	PART I. DEATH W	VAS CAUSED IMMEDIATE	BY:	Cardiopul	monan	Annact				100		
troumotic		Conditions, if any, gove rise to impose to state to impose to the course	, which mediote ng the	DUE TO, O:	R AS A CONSEQU	ronic		tive P	Pulmonary D	iseas	e		30
ourial, cremation, or ry, or other troumatic	P	gove rise to impose (o), stating couse (o) and couse (o) ART 2 OTHER SIGI	which mediote ng the lost.	DUE TO, OF	R AS A CONSEQUE Severe Ch R AS A CONSEQUE ONTRIBUTING TO	PENCE OF	Obstruct		Pulmonary D			10	20
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or Hem 18 shows ony injury, or other troumotic	Period Certification	gove rise to imit couse (0), statir underlying couse ART 2 OTHER SIGI Gasty Date of opera In accident was unit or contributing (if either notify medial in Jury occur.	which mediate ng the lost. NIFICANT CC OINTES TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED	DUE TO, OI (c) DUE TO, OI (c) DIDITIONS CC Tional 196 CONDI 216. TIME O HOUR A	R AS A CONSEQUENT RAS A CONSEQUENTRIBUTING TO HEMOTHA ITION FOR WHICH M. MONTH D	JENCE OF JENCE OF DEATH BUT AGE H OPERATION AY YEAR 19	Obstruct NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONE 200 AUTOPSY? YES NO	28b. IF YES IN CERTIF YE YEN ITEM 18 P	ZEN IN PART 1	INGS USEE S OF DEAT NO	H?
Mentol Hygiene prior to buriol, cremotion, or or Item 18 shows ony injury, or other troumotic POICAL CEPTIFICATION	Per CekliFicAlion	GOVE (10), STOTIF COUSE (10), STOTIF UNDERLYING COUSE ART 2 OTHER SIGN GASTY DATE OF OPERA TO ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI INDIRECT (INDIRECT) UNDERLYING (INDIRECT) UNDERLYING (INDIRECT) UNDERLYING (INDIRECT)	which mediate ng the lost. NIFICANT CCOINTES. TION DERLYING CAUSE OF DEATH CALEXAMINER) RED RED REC	DUE TO, OI (b) DUE TO, OI (c) DIDITIONS CC tional 196 CONDI 216. TIME O HOUR A P./. 21e. PLACE (IAT HOME STR	R AS A CONSEQUENT OF INJURY M. MONTH D M. MONTH D M. MOF INJURY REET, FACTORY, OFFICE, I	JENCE OF DEATH BUT DEATH OPERATION AY YEAR 19 FARM. ETC.)	Obstruct NOT RELATED TO WAS PERFORME 21c. HOW INJUR 211 LOCATION STREET	THE TERMINED	VAL DISEASE OR CONE 200 AUTOPSY? YES NO D (ENTER NATURE OF INJUR CITY OR TOX	20b. IF YES IN CERTIF YE Y IN ITEM 18 P	ZEN IN PART 1 S, WERE FIND YING CAUSE S COUNTY	INGS USED S OF DEAT NO	H?
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MPORTANT: If them 21 is morked or Ifem 18 shows ony injury, or other troumotic	199 P P P P P P P P P P P P P P P P P P	GOVE (10), STOTIF TOUSE (10), ST	which mediate mediate mediate may the lost. NIFICANT COONTES. TION DERLYING CAUSE OF DEATH (CALEXAMINER) RED (this hospito ed olive ondid) (did mot) AME (TYPE ORI	DUE TO, OI (b)	R AS A CONSEQUENT RAS A	DEATH BUT DEATH BUT DEATH BUT AY YEAR 19 FARM.ETC.) Januar 86 . on	Obstruct NOT RELATED TO N WAS PERFORME 21t. HOW INJUR 21t LOCATION STREET 4 that in (may) (our DEGREE PHY: 22te. ADDRESS 9000	THE TERMINED RY OCCURRE 1986 Propinion de SICIAN	200 AUTOPSY? YES NO CITY OR TOVE TO FEBRUAR eath occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES IN CERTIFY YE YIN ITEM 18 P	COUNTY 19 86 1 ond from the	INGS USEE S OF DEAT NO S	TATE
With the 30re Uept, or recoin and wenter hygiene prior to autor, cremation, or IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other traumatic MEDICAL CERTIFICATION	PP 199 199 22 27 27 27 27 27 27 27 27 27 27 27 27	GOVE PISC TO INTER SIGN GASTY O DATE OF OPERA ID. ACCIDENT WAS UNIT OPERA ID. A	which mediate mediate mediate may the lost. NIFICANT COONTES. TION DERLYING CAUSE OF DEATH (CALEXAMINER) RED (this hospito ed olive ondid) (did mot) AME (TYPE ORI	DUE TO, OI (b) DUE TO, OI (c) DIDITIONS CC tional 196 CONDI 196 CONDI 216. TIME O HOUR A P.J. 21e. PLACE ((AT HOME STR Februar) View the body	R AS A CONSEQUENT RAS A	DEATH BUT DEATH BUT DEATH BUT AY YEAR 19 FARM, ETC.) NAME OF CI	Obstruct NOT RELATED TO WAS PERFORME 216. HOW INJUR 211. LOCATION STREET Y 16 1 d that in (may) (our DEGREE PHY: 226. ADDRESS	THE TERMINE RY OCCURRE 1986 P) opinion de SICIAN O Fran MATORY	200 AUTOPSY? YES NO CITY OR TOVE TO FEBRUAY BOTH OCCUPY OF THE DIRECTOR PHYSIC	206. IF YES IN CERTIFY YE YES ON THE OND HOUSE ON THE OND HOUSE OF THE ONE OF	COUNTY VEN IN PART 1 S, WERE FIND YING CAUSE S COUNTY 19 86 1 ond from the	INGS USED S OF DEAT NO [TATE we) lost ofted

DHMH - 16 60M 7/8 (VRA 15, 4)



ADDRESS 928 Vanderwood Rd 216-09-2307 Edwin R. Carlyle Jr. Balto., MD 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 02/17/86 Arbutus. MD 02/20/86 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE his Davidson Ro Catonsville, MD MacNabb Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

2b. HOUR

126 KIND OF BUSINESS OF

21122

12:58 pm

IF UNDER 24 HRS

1986

IF UNDER 1 YEAR

INDUSTRY

Home

Walker

DHMH - 16 60M 7/84 (VRA 15, 41)

057029

- STATE

REGISTRAR

FOR	DEDADT		E OF MARYLAND FEALTH AND MENTAL HYG	IENE 29	A 7	0 0 0
- STATE REGISTRAR	DEI ARI		ICATE OF DEATH	REG. NO	US	2 7 2
I. DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR 2b. HOUR
(TYPE OR PRINT) Gertrude	e Katherine	Burto	n	February	15. 198	36 4:05p
SEX	4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTI		INDER TYEAR IF UNDER 24 HR
Female	White	4	112 1899	86	YRS	
IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH
openhaghen, Denma		WIDOWE		Baltimore		
Rossville	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Franklin Squa	ET ADDRESS)		170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEWILE		IZE KIND OF BUSINESS O INDUSTRY Homemaking
Maryland	OTHER INSTITUTION GIVE RESIDENCE BEFO TY 13c. CITY OR TOV Baltim	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 4503 Raspe	ZIP CODE Avenue	Balto.,Md.
FATHER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NA			1251
Thorvald	Christian Seil	ing	Julia	Dorothy		Moog
WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRES		03.006
No	212-34	-8774	Doris Poller	4503 Raspe	Ave.	21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEOL	UENCE OF damag	-Urinary source ge due to cere NOT RELATED TO THE TERM	brovascular		
D DATE OF OPERATION	19h CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	I 20a AUTOPSY?	20h IF YES W	
NO DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NOXX		VERE FINDINGS USED AG CAUSES OF DEATH?
On CONTRIBUTION CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D		ON WAS PERFORMED	YES NOXX	IN CERTIFYIN	/ERE FIND INGS USED NG CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19	216 HOW INJURY OCCURE 211 LOCATION STREET	YES NOXX	N CERTIFYIN YES [/ERE FINDINGS USED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (this haspit saw the deceased alive on above, (% (we) (did) (did) and above. (% (we) (did) (did) above.)	THE OF INJURY HOUR A.M. MONTH E P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 E. FARM ETC.) Febru 86	211 LOCATION STREET 1ary 14, 19 86 and that in (%) (aur) apinion of	YES NOXX RED (ENTER NATURE OF INJUR CITY OR TOW	YES [YIN ITEM 18 PART	VERE FINDINGS USED IGCAUSES OF DEATH? NO ONE PART? COUNTY STATE Medition the couses stated
OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURED AWORK NOT WHILE AT WORK AT WORK 220.1 certify that X (this haspit	THE OF INJURY HOUR A.M. MONTH E P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 E. FARM ETC.) Febru 86	211 LOCATION STREET 10 4 19 86 and that in (%) (our) apinion of DEGREE	YES NOW RED (ENTER NATURE OF INJUR CITY OR TOW to Februar death occurred on the da	IN CERTIFYIN YES [YIN HEM 18 PART VN YE ond hour on	/CRE FINDINGS USED IG CAUSES OF DEATH? NO 1 1 OR PART 2) COUNTY STATE 86 , that ** (we) to d from the couses stated 22c. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220. I certify that IX (this haspit saw the deceased alive on above, IX (we) (did) (did not be a saw the deceased of the original saw).	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, (at) attended the deceased from, February 15	DAY YEAR 19 E. FARM ETC.) Febru 86	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN	YES NOXX RED (ENTER NATURE OF INJUR CITY OR TOW	IN CERTIFYIN YES [Y IN JIEM 18 PART YN YN 15, 19 te ond haur on	VERE FINDINGS USED IGCAUSES OF DEATH? NO ONE PART? COUNTY STATE Medition the couses stated
OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER; 21d IN JURY OCCURRED WHITE NOT WHITE NAT WORK 220.1 certify that IX (this haspit saw the deceased alive on above, 28 (we) (did) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S MAME (TYPE OF	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE all) attended the deceased from, February 15 view the body after death.	DAY YEAR 19 E. FARM ETC.) Febru 86 o	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS 9000 Frank	YES NOXX RED (ENTER NATURE OF INJUR CITY OR TOW to Februar death accurred an the da MEDICAL STAF DIRECTOR PHYSICI in Square D	IN CERTIFYIN YES [Y IN HEM 18 PART VN Y 15 , 19 te ond haur on	COUNTY STATE 86
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER; 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (this haspit saw the deceased olive on above, (M (we) (did) (did) (did) 27b. SIGNATURE 22d. PHYSICIAN'S MAME (TYPE OF	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE Tol) attended the deceased from February 15 View the body after death.	DAY YEAR 19 E. FARM ETC) Febru 86 , or	211 LOCATION SIREET 211 LOCATION SIREET 121 LOCATION SIREET 121 LOCATION SIREET 211 LOCATION SIREET 212 ADDRESS 9000 Frank 222 ADDRESS 9000 Frank National Cem.	YES NOXX RED (ENTER NATURE OF INJUR CITY OR TOW TO FEDYUAY death accurred an the da MEDICAL STAF DIRECTOR PHYSICI IN Square D 734 LOCATION	y 15, 19. te ond hour on rive, 2	COUNTY STATE 86 that ** (we) to did from the couses stated 22. DATE SIGNED 2-15-86 21237

BALTIMORE, MARYLAND 21201

201 W. PRESTON ST.

DIVISION OF VITAL RECORDS,

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	3	5	9	i
REG. NO.					

		REGISTRAR				CEKITI	ICATE OF DEATH		REG. NO.				
		EASED NAME OR PRINT)	Jerome		J. Bu	ıtler	ASI		uary		1986	26 HOUR	M
	3 SEX	Male		RACE Bla	ack	5. DATE C			EARS LAST BIRTHI	DAY) YRS	IF UNDER 1 YEAR	IF UNDER 24 HR	_
5	CO	Md		Ţ	JSA	WIDOWE			Baltir	nore		-	AD.
1		chearn	DEATH		H PACILITY, GIVE STREET, Sunmar		t t		OCCUPATION K FOR MOST OF V			OF BUSINESS C)R
5	USUAL 13a. ST	MD		imore institution	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS	? 13e.STREET	DDRESS / Sun	zip cor Mar	DE Ct. 2	1207	
0		acob	A	NIDDLE	Butler		Margaret	NAME	WIDDLE		Buli	tler	
		160 WAS DECEASED EVER IN U.S. ARMED FOR			WAR OR DATES!				Hunt 100 Sunmar Court Apt 3 A				
		Conditions, if a gove rise to	IMMEDIATION, which immediate oting the	DUE TO, OI	R AS A CONSEQUE	NCE OF	softting	us sa	com		2	yrai	_
	NOIL						UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 10N WAS PERFORMED 200 AUTOPSY? YES NOW IN CERTIFYING CAUSES OF YES 100 PROPERTY.					NGS USED	
7	CAL	210 ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	P./	M. MONTH DA M.	YEAR	21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)					43	
	1	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC				ARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
		obove, Dw	eosed alive on	ol) attended the	MBED 19 9	85 . on	ed that in (our) opini	on death occurre	d on the dote		our and Irom the		st
		22d PHYSICIAN'S	olova NAME (TYPE OF	n. Pu	undle p	10	DEGREE ATTENDING PHYSICIAN 220 ADDRESS		STAFF PHYSICIA		5 A	-0	186

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR MPORTANT: IF BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

23g BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR Wm. C. March F/H

PURNELL 23b. DATE

1101 E. NORTH AVE:

2/11/86

GARRISON FOREST VET

23d LOCATION
CITY OF TOWN
OWINGS MILL

COUNTY

MD

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE FEB 1 0 1986

Mark Block Control of the Control of



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outer 2 avera Ct. 21136	i stotuis .	and 2512-20-515	
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Maria A. Francisco		21	36
18 14 Apr - 1 = 1	31	7	
the former to be	Car.		
allocation allocations	are are	Iffi sulve a cir des	ls isuff
	nel Lin	Jos ago Della	Midwell-Medele

ading physician and completely filled in by the funeral director, page 3 carbonpapers. Pages (Ohd 2 should be filed within 72 hours after death carbonpapers. Pages should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior TO FUNERAL DIRECTOR: After this certificate has bee

event, the medical

MPORTANT: If Item 21 is marked or Item 18 shows any

24. FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

adores	76	hall	44
2	Dr. a.	Q	13
3	-3	1	- 2

Tevidson-Randall

	REGISTRAR						REG, N	٥.		
	CEASED NAME	FIRST	A	AIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(TYPE	OR PRINT)	HEL	EN I	Η.	CALP		February		, 1986	2:45P _M
3 SE	X		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female		Whit	е	NOW	6, 6 1921°	64	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN	b. CITIZEN OF	WHAT COUNT	TRY?	- T . 151/50	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
	PA		US		WIDOW		Baltimo:		0.	MD.
10. C	ITY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	120. USUAL OCCUPATI			OF BUSINESS OR
	Freeland					i11 Rd.	Laborer	W ORK ING E		Process
	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE B		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		2105	3 1119
	ID	Bal		Free		YES ON NO X	2208 Bul	Sa	w Mill	-
14. F	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
	Luthe	r Hai	ines	LAST		Jo]	nanna Smit	h	LA	ST
16a \	WAS DECEASED EVER	IN U.S. AR	AED FORCES?	166 SOCIAL S	SECURITY NO.	17. INFORMANT		SS Dia	11 C	Mill Rd
(YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	212_18	3-0550	Maurice L.	Cala Exe	olan.	d. MD	21053
	110			212-10	3-9339	maurice L.	Calp, Free	ranc		
	18. CAUSE OF DEATH PART I, DEATH W	H Enter onl	y ane cause per	liper 101, (b	and ic	T)	7-1		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEATH W		E CAUSE (a)	Lyma	10 -	Kesh IVMI	n TAUW	4		
							1			
	C 1111 11		DUE TO, OF	AS A CONSE	EQUENCE OF	and the de	A Acousta Ata	251		
	Canditions, if any,		(b)	1 3/7	SHI	rangua ou	Jonary	NO		
	couse (a), statin	g the	DUE TO, OF	AS A CONSE	EQUENCE OF				100	
	underlying cause	last.	((c)							
	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GI	IVEN IN PART 1	0
NO										
CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WH	HICH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINDINGS USED		
F	No.		772.11				YES NO	IN CERTIFYING CAUSES OF DEATHS		
ERI	210 ACCIDENT WAS UND	ERLYING [21b. TIME O	FINJURY		21c. HOW INJURY OCCUR				
	OR CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR		(11111111111111111111111111111111111111			
O	(IF EITHER, NOTIFY MEDIC				19					
MEDICAL	21d. INJURY OCCURE	RED	210. PLACE C	OF INJURY EET, FACTORY, OFF	ENCE EADM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
2	AT WORK AT WOR	RK -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ELI, FRETONI, OF	rice, ranni, eve j		Med - IRIS			
	220.1 certify that	(this haspit	al) attended the	deceased fro	om	, 19	, ta		. 19	that (1) (we) last
	saw the decease		12-25		1985	nd that in (aur) apinion	death occurred on the de	ite and ho	our and from the	causes stated
	saw the deceased olive on 12-25-19 55, and that in (aur) apinion death occurred an the date and hour and from the causes stated above 13-19 55 (aur) apinion death occurred an the date and hour and from the causes stated									
	11/1		1111	6	1	ATTENDING	_MEDICAL STAI	F	1	111-
	Kinn	m	ull	emi	200	PHYSICIAN D	DIRECTOR PHYSIC	IAN	110	7/12
	224 PHYSICIAN'S NA	AME (TYPE OF	PRINT	7		220 ADDRESS	A01.	01	- ,	7)
	Kichm	AN	(2.11)	PAVEN	-12	619 K Ja	MANUST	しつだい	ester.	1361 7361
22- 0	BURIAL, CREMATION,		Took DATE	T	12. NAME OF	EMETERY OR CREMATORY	123d LOCATION		11	
230 1	SPECIF Burial	KEMOVAL	Feb.						COUNTY	STATE
	Darrar		198	364.	ot. AD	rahams Cem.	Beckleys	VIII	Le, Bai	lto., MD

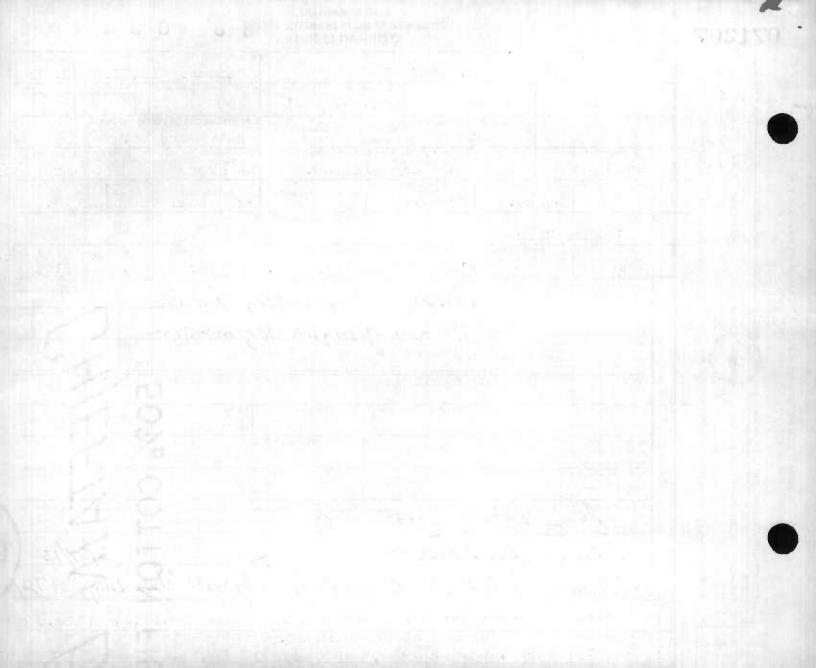
Second at Franklin St. Date REC'D. By REGISTRAR' 25b. REGISTRAR' 25 IGNATURE

J'AME Hartenstein, New Freedom, PA 173458 26 1086

BP.

TO HOSPITAL OR ATTENDING retained by the hospital

DHMH - 16 50M 4/82 (VRA 15, 4)



045041

filling in by the Lineral director, page 3 pulled with a 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 6 0 0

/	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENES 6 O REG. NO.	3 6 0 0				
1	1. DECEASED NAME aka FIRST (TYPE OR PRINT)		CAMERON	20. DATE OF DEATH MONTH	286 Zb HOUR				
	3. SEX Female	4 RACE White	DATE OF BIRTH	98 YRS	IF UNDER LYEAR IF UNDER 24 HRS				
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	76. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	Baltimore County OF DEATH Baltimore County					
1	10 CITY OR TOWN OF DEATH Catonsville	Forest Haven Nu	NG HOME OR OTHER INSTITUTION LACORESSI & CONVEL HOME	126 USUAL OCCUPATION Uyer of working life HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY Home Maker				
)	Maryland 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 13c. CITY OR TOW Baltimor	YES XX NO [130 STREET ADDRESS / ZIP CODE 1915 Casadel Av					
9	Willis		neron 15. MOTHER'S MAIDEN NA	MIDDLE	Clark				
1	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU-		ron 1428 Streaker	21784 Rd Sykesville M				
	Canditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN) 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	DEATH BUT NOT RELATED TO THE TERM TO SCALAN WAS PERFORMED AY YEAR 19 211 LOCATION	200 AUTOPSY? 200 IF YES IN CERTIFY	EN IN PART 110 , WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
	22a. I certify that (I) (this has above, I) (we) (did) (did not be some the deceased alive above, I) (we) (did) (did not be some the deceased alive above, I) (we) (did) (did not be some the deceased alive above, I) (we) (did) (did not be some the deceased alive above, I) (we) (did not be some the deceased alive	270. I certify that (I) (this hospital) attended the deceased fram 270. I certify that (I) (this hospital) attended the deceased fram 370. I certify that (I) (this hospital) attended the deceased fram 370. I g 370. and that in min (aur) apinian death accurred on the date and hour 371. SIGNATURE DEGREE ATTENDING AMEDICAL STAFF PHYSICIAN 2724 PHYSICIAN DIRECTOR PHYSICIAN 2726. ADDRESS							
	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Olivet Cemetery	Baltimore	county st Md				
	24 FUNERAL DIRECTOR		25a. DAT	TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbanapate with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MAPORTANT. If them 21 is marked or them 18 spays any injury, or other traumotic event, the state of them 10 is marked or them 10 is pays.

UDING PHYSICIAN: The low ottending physicion.

TO HOSPITAL OR ATTEN

BP.

George J. Gonce 4001 Ritchie Hgwy Balto Md

FEB 1 1 1986

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

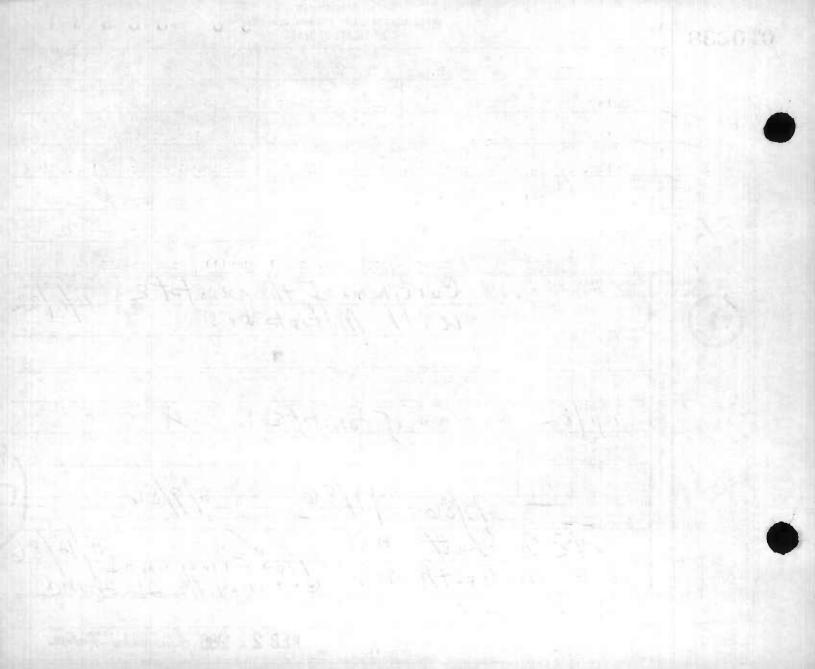
	1 00	CEASED NAME								REG. NO.				
		CEASED NAME	FIRST		WIDDIE		LAST			20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR n
			ILLIA	M	E.		CAVI	T.T.		2	9	86	6:0	7
	3 SE:			4 RACE			5 DATE OF E			6. AGE (IN YEARS LAST BIRTHDAY)		DER I YEAR	IF UNDER	771
	5 02.			4 MACE		2	MONTH	DAY	YEAR	6. AGE (IN TEARS LAST BIRTHDAT)	MONTHS		HOURS	MIN.
	1	Male		White	9		7	22	27	59 YF	S			
2 1	70 BI	RTHPLACE STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUN	ITRY?	8 5			9 BALTIMORE CITY OR COU		EATH		
1	9	COUNTRY					MARRIED	NEVERN	ARRIED -	_				
1		Maryland		U.S.			WIDOWED		ORCED	Balto. Co	unty			MD.
3/	10, CI	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, N	URSINC	HOME OR	THER INST	ITUTION	120 USUAL OCCUPATION	128	KIND O	F BUSIN	ESS OR
<i>X</i> .	Balto. (IF NOT IN SUCH FACILITY, GIVE STREE 18 Nunnery							21	220	TYPE OF WORK FOR MOST OF WORKIN		DUSTRY	0.1	4
-	HSIL	AL RESIDENCE (IF NURS	INC HOME OF					21	.228	Admin. Office	er B	alto	. C1	СÀ
1	13a S	STATE	136 COUN	VTY	13c CITY OR			INSIDE CI	TY LIANITS 2	13e. STREET ADDRESS				
1	N	Md.		lto.	Balt			ES 🗍	NO 🗆	18 Nunnery L	ane	2	1228	
40	_	THER'S NAME			2010	•			MAIDEN NA		AIIC		1220	
4	7	FIRST		MIDDLE	LAS	T	10		FIRST	MIDDLE		LAS	1	
1	1	Martin		S.	Cavil:	1		Marga	ret		Seue	rste		
,		VAS DECEASED EVER			166 SOCIAL	SECUR	ITY NO. 17	INFORMAL	NT	ADDRESS	77			
	()	YES NO OR UNKNOWN)		E WAR OR DATES)		-					41.4	\$100 M		
		Yes	WWI	1	/ 220-	-20-	-0901	Mrs.	Carole	Cavill Same	as #1	3		
		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for Ja), (b), and	10111	-	- //	1 1 1		BETWEEN C	MATE POTE	OF A THE
		PARTI DEATH WAS CAUSED BY:												
		IMMEDIATE CAUSE (O) CONTINUE OF THE CAUSE (O)												
		IDEATOY.		DUE TO, OF	RASIA GONS	EOUE	OF /	NIL	2-6	16-0		/	1	-0-
		Conditions, if ony,	which	()	W	17	// //	171	27/5	863				
		gove rise to imm	nediote	10)									_	_
		couse (0), stating		DUE TO, OF	RASACONS	EOUEN	NCE OF							
		underlying couse lost.												
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101												
	Z	CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101												
-	CERTIFICATION	in Direct or does to	1041	List Course	***************************************									
1	10	190 DATE OF OPERAT	61	196 CONDI			PERATION V	AS PERFO	RWEI	200 AUTOPSY? 20b IF	YES, WER	EFINDIN	GS USE	D
Mino	TIE	10/1	00	Car	cinoi	me,	UN TO	MIST	2/2	YES NOT	YES 🗆	CAUSES	NO F	
	E S	210 ACCIDENT WAS UND	ERLYING	1 216. TIME O	FINJURY		1	CHOW IN	URY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM		P P APT 21		
1		OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH	I DAY	YEAR			TENTER WATORE OF MAJORIT WATER	10 PART I OI	(PART 2)		
	O	LIFEITHER NOTIFY MEDIC		P./	ν,		19							
	MEDICAL	21d INJURY OCCURR	ED	21e PLACE				f. LOCATIO	N					
	Z	ATTAL OF STANK	w.D.w	TAT HOME STR	EET, FACTORY O	FFICE FAR	RM ETC)	STREET		CITY OR JOWN		YIMUC	5	TATE
		1979/2017 VEP 1/2017 1211 11 1/2 1/2017 100000			1		2/1	186	-	2/9/6	(
		22s.I certify that (1)	Committee of the last	attended to	4484	am_	0//	00	. 19		419_		hot (1) (a	
		obove, (1 100)		ti view the backy	1100	19	ond f	not in (my)+	opinion d	leath occurred on the date and	hour and f	rom the	couses sto	oted
		276 SIGNATURE	-	2	Syer andra	,		REE					1	1-
		A	41	he VI	#	-/	no		TENDING 1	MEDICAL STAFF	1	20 DATE	BIGNED	01
1		. 01	-/	11	my-		,		HYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	-11	0/	10-1	56
	710	22d. PHYSICIAN'S NA	ME (TYPES	PRINT	11	/	2 7 22	e ADDRESS	1203	Frederick	100	1	/	
		W. E	. //	n- 5	rati	7 1	no	0	1	10 515/1/2	111	1 4	2-1	
			- /		-11	1	1	0	CTO	MSV//19 2	120	1.	nci	
	230 B	URIAL, CREMATION, F	REMOVAL	236. DATE		23c NA	ME OF CEME	TERY OR C	REMATORY	23d LOCATION		9		
	4:	Remova	al	2/9/8	36					CITY OR TOWN	COUN	ATY	5	STATE
ŀ	24 FI	INERAL DIRECTOR							Inc. Days	-DCGCD BY DCCGCTD	40 00			
	2710	NAME			ADDA	RESS.			HERA!	1086 REA	STRAR'S	SICATU	200	4.0
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Balto., Md.

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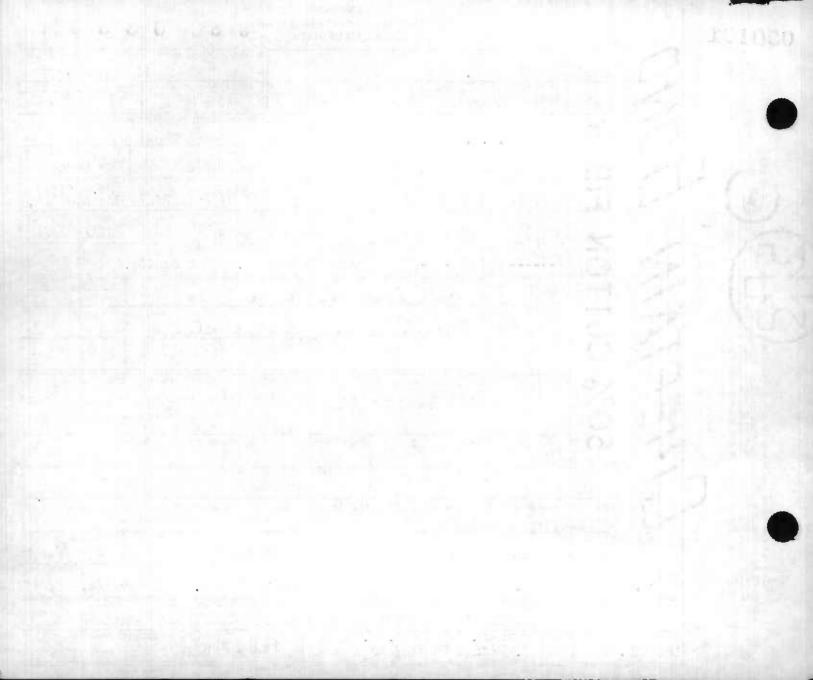
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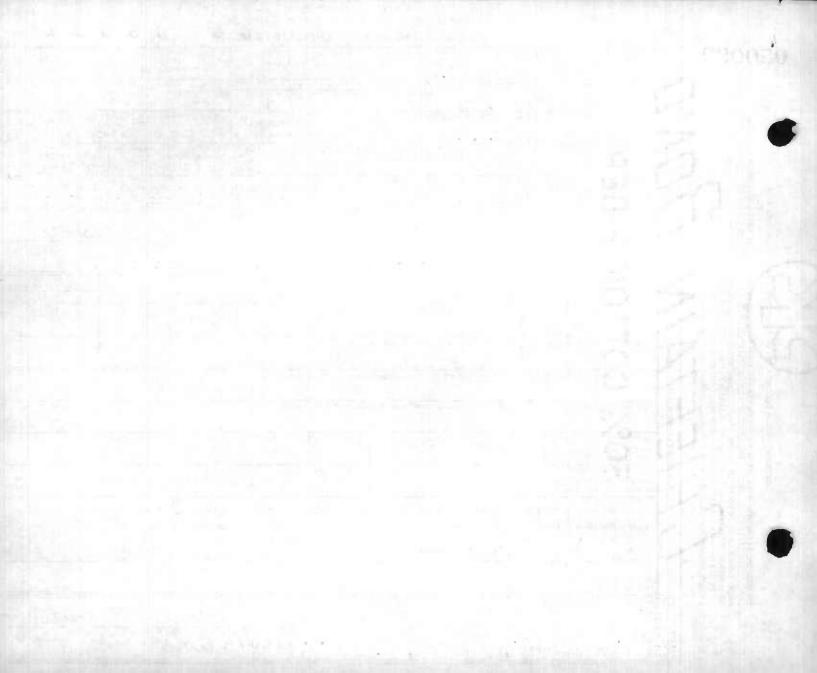
50101		FOR - SPATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST TABLE OF DEATH MODULE 1							6	0 4
D = 2		CEASED NAME	FIRST		MIDDLE				20 DATE OF DEATH MONTH		YEAR	26 HOUR
deor deor	-		IZABE		u.		IESNO		2_	11	1986	4:05P M
A mo	3. SE		ľ	RACE		5. DATE O	DAY	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MON	IHS DAYS	HOURS MIN.
983	7	Female IRTHPLACE (STATE OR F		Whi	WHAT COUNTRY?	4	1 189	91	9 4 9 BALTIMORE CITY OR COU	RS DE	DEATH	
A 222	L	ithuania		u.s.	Α.	WIDOWE	LED	RCED 🗌	Baltimore Cou	ıntu		MD.
1 1/1/2	10	ity or town of DEA Catonsville		Summit	HOSPITAL, NURSIN HEACHTY GIVESTREET NURSING	Home	R OTHER INSTITU	JION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	ING LIFE)	industry Own H	lome
	- 13a	AL RESIDENCE (IF NURS) STATE Aryland	13b. COUNT	other institution. TY CMOTE	13c. CITY OR TOWN	N I	13d INSIDE CITY	LIMITS?	13. STREET ADDRESS / ZIP C 21 Hilltop Pl	code	Md. Caton	21228 sville,
	14 F	ATHER'S NAME FIRST (UNKNO		IDDLE	Vieraiti	s	15 MOTHER'S M Urs	ula	MIDDLE		Gali	naitis
7 7 7		WAS DECEASED EVER		VAR OR DATES	166 SOCIAL SECU		17 INFORMANT		ADDRESS			
ه نوق م	103	NO			214-62-6	352	Frank C	nesno	Same as	130.		MATE INTERVAL
es that the death certificated by the attending phylesse remove carbanps urial, cremation, or remo	7.0	Conditions, if any, gove rise to imm cause (a), stotin underlying couse	which mediate g the last.	DUE TO, OI DUE TO, OI DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	ulcer	feb.	rillation	N GIVEN	IN PART I	0
The law required iction. The has been signed by permit. Then prigned prior to but shows any injury,	CERTIFICATION	A S	CVI	19b. COND	Property of the state of the st	uss	N WAS PERFORM	AED .	Val 1200 AUTOPSY? 200. IN C	IF YES, WESTIFYIN	ERE FINDING CAUSES	0
ICIAN: T g physici ertificate ial-transi ntal Hyg em 18 sh		OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJUI	RY OCCURRE	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART	ORPART 2)	
G PHYS offending er this c s the bur and Me	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e PLACE	OF INJURY REET, FACTORY OFFICE F	ARM ETC)	218 LOCATION STREET	XIIX	CITY OR TOWN		COUNTY	STATE
spital or of CTOR. Atlanta of Health		22a.1 certify that (I) saw the decease abave, (I) (we) (a	(this haspite	10 10	6 198		d that in (my) (au	ur) apinion d	eath occurred an the date and		id fram the	
TAL OR y the hory the hore detached detached to the hore Dept. If them		226 SIGNATURE	nus ⁹	E t	one.	m	PHI	ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		22c. DATE	12/86
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State		Dr. James							alth Ave. Ca	tons	ville.	, Md, 21:
BP		BURIAL, CREMATION, (SPECIFY) Burial	2	2/15/	86 New	v Cath	emetery or cre	emeter			ryland	
DHMH - 16 60M 7/84 (VRA 15, 4)	Le Le	roy M. & Ru	issell	ondson Av . C. Wia	e. Catonsvi tzke Füne	lle, M ral Ho	d. 21228 ome		EB 1 4 1986	GISTRAF		URE



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OF	0000	I. DE	REGISTRAR CEASED NAME	FIRST	///	MIDDLE	EVAMIIA		LAST LAST	LOFE	20. DATE KN	REG. NO.	NTH DAY	y YEAR	Zh HOUR
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	A SERVICE OF THE SERV	3 SEX	([4 RA		5 DATE OF BIRT		6. AGE IN YEA	RS IF UN		DER 24 HRS.	2c DATE	MATED X 2	10	Y YEAR	2d HOUI
	N T S S S S S S S S S S S S S S S S S S	M	ale W	hite	MONTH DA	Y YEAR	LAST BIRTHDA	MONTH	S DAYS HOUR	RS MIN	PRONOUNC	ED 2	11	1986	8A ,
2	SAN SE	70 B	RTHPLACE (STATE O		May 8,	WHAT COU	NTRY?			- FD		RE CITY OR CO			1 Off A
	品級在長級		ereign country)		u.s.	. A .	17.00	WIDOW	ED NEVER M	ORCED	Balti	more Co	untv		
	AMMB- /		TY OR TOWN OF D	EATH		OSPITAL, N		, OR OTH	ER INSTITUTION	12a. USI	UAL OCCUPA	TION (TYPE OF WI	ORK 12b K	CIND OF BUS	SINESS
	STATE OF		Woodlawn		stream	off 64	100 blk	. Dog	wood Rd.		duce M			or industr d Indu	
- 5	3C298		AL RESIDENCE (IF IN	NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSIO	N)	13d INSIDE CITY LIMI				7000	27000	sory
2120	A SHOOT	Ma	ryland	Bal	timore	W	odlawn			68	eet address 08 Len	burn Ro	ad	21207	7
8,	TOUR T]4. F/	ATHER'S NAME		MIDDLE		LAST		15 MOTHER'S M					1457	
ui es	AND STOLL	1	Anthony		MIDDEL	C.	iccone		Dor	ıa	MIDU	/16	Mari	sigila	ı
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ALT	ANE PAR		No	1		21	6-12-69	55A	Rose I	apkuna	s s	ame as	# 13		
1	M H	5	18 CAUSE OF DE	ATH (Enter onl	y ane cause per l								86	APPROXIMATE TWEEN ONSET	INTERVAL
N. S	A PER H		TARTIBLATIT		E CAUSE (a)				t failur	ce					
EST	NO ALTON		Conditions, if	any which	DUE TO, O	OR AS A CO	NSEQUENCE C)F							
2	E SAS EM		gove rise to	immediate	(b)			- 22							
× 10	WEN WEN		couse (a) stati lying cause la		DUE TO, O	OR AS A CO	NSEQUENCE C)F							
64	GCUTE NG IN AND W ATION		PART 2 OTNER SIGNIFIC	ANT COMPLETEDUC	(c)	TO AUT UB									
DIVISION OF VITAL RECORDS	DZU	z	TAKE 2 OTHER SIGNIFIC	בחטוווטאט ואג	UNIKIKULING IU UEA	IN BUI NUI KEI	LATED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN	IN PART 1 (a)					
REC	S CERTIFICATE SHOULD BE RITING THE WORD "PENDING THE CHIEF MED TO THE CHIEF MED ES SHOULD BE USED AS TE DEPARTMENT OF HEALT OF PRIOR TO BURIAL, CRE	CERTIFICATION	19a. DATE OF OPE	RATION	196. CON	DITION FOR	WHICH OPER	ATION W	AS PERFORMED?				20	AUTOPSY?	,
IAI	A SEE SEE	IFIC			200								10	YES 🗆	NO 🔀
Ž.	WO BE	ERT	210. EXTERNAL CA			OF INJURY		21c. HC	W INJURY OCC	URRED LENTER	NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	162 🖂	NO LX
NO	SHOOK 7		UNDERLYING CONTRIBUTING	OR CAUSE OF D		.M. MONTI	H DAY YEAR	100							
VISIO	ED TO	MEDICAL	21d INJURY OCCU	JRRED	21e PLAC		Y (AT HOME,		ATION			-8 16	-		ET E
5		2	WHILE NO	WORK] STREET, F	ACTORY, PARM,	tic.)		MEEL		CITY OR TOWN		COUNTY		STATE
	R: TH VIE, W DRWA R: PA E STA D, 21:	50	22a. I certify the	at I took chora	e of the remains a	described ob	ove held on	Autops	y Insp	ection X.	Inquiry	and in m	ny opinian		
	ANNER: FICATE CTOR: TTHE S TAND,	J.	death resulted fro		al causes X,	Accident		cide .	Hamicide		ermined mann		yopinian		
	ME WITH			٨	0				TITLE (SPECIF						
	A HE HE	4	ACTUAL SIGNATURE	m	NY	1		м.	Assista	nt_MED	ICAL EXAMIN	IER SI	GNED 2	2-11-8	16
	NOR WOR		EXAMINER'S NAM	N 2000	M Diam	. W.F			111	-	C1 D	7.		1001	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, BOOGE 4 SHOULD BE FORK TO FUNERAL DIRECTOR; AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND;		(TYPE OR PRINT)	MIII	M. Dixo				NDDKE33			alto.,		21201	
	FOCEAG	230.B	URIAL, CREMATION	, REMOVAL 2	2/15/86		NAME OF CEN			CITY	OCATION OR TOWN		COUNTY	STA	A.TE
07/B4 25M	BP			0 0					Cemeter		altimo.		M	laryla	nd
	DHMH - 17	Le	HAFFALMIRECTOR 30 Edmond	Kussell	C. Wit	zke Fu	ineral t	lomes	P.A.	FEB 1	4 1986	A TOUR STORE	1 S SIGNA	I OKE	line
	(VR A15 ME (5))	10.	- Lanona	son Ave	rue, cur	JIBUX	ic, MV.	212	20						4



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	I.O FUNEKAL DIRECTOR After his certificate has been signed by the attending physicion and compression that the control of the purity of the please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to Bruncial, cremation, or removal.
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1				STAT	E OF MARYLAND				
036148	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6	0 3	0	08
9 m € 16		EASED NAME OR PRINT)	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY		26 HOUR 3 0
deat deat		Hmy	- / (/ 0		ilento		21	86	7AM
or. p	3 SEX	parent .	4 RACE	5. DATE C	DAY, YEAR	6 AGE (IN YEARS LAST BI		UNDER I YEAR	HOURS MIN.
age age	/	remale	White	12	- 24 01	84	YRS		
d too		ATHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city of	7		unty MD.
s (LL)	B	HIMOTE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE PARING PK	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOSTESS	ION OF WORKING LIFE)	INDUSTRY	ral Home
24 hour	13a S	RESIDENCE (IF NURSING HOME COLATE 136. COU	NTY 130 CITY OF	EBEFORE ADMISSION) R TOWN Limore	13d INSIDE CITY LIMITS?	136 STREET ADDRESS 2806 Hal	ZIP CODE	Ave.	21214
H M	-	THER'S NAME			15 MOTHER'S MAIDEN NA	AME			
P 1120	1	George :	P. C. Rump	of	Kather	ine	J)	Jnkno	wn)
dico			VE WAR OR DATES)	SECURITY NO	17 INFORMANT	ADDR			1214
be ey		No	216-1	L2-6382	A Howard J.	. Cilento,	2806		
physicia npaper maval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a), (ED BY: (TE CAUSE (a)	bi, ond ic	of arl	eros len	to	BETWEEN	IMATE INTERVAL ONSET AND DEATH
ding arbo or re		IMMEDIA	DUE TO, OR AS A CONS	SECULENCE OF		such d		0	years.
death atten ave c fian.		Conditions, if ony, which	((b)	SLOOLINCE OF C	verse ord	sail	5-0-		0
that the by the case remain, crema		gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF					
equires and signed Then ple Then ple injury, a	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1	a .
he law r has bee it permit	CERTIFICATION	190 DATE OF OPERATION	I & CONDITION FOR W	HICH OPERATIO	N WAS PER THE LED	200 AUTOPSY? YES □ NOX	20b. IF YES, V IN CERTIFYIN YES [VERE FINDII NG CAUSES	NGS USED S OF DEATH?
KCIAN: Ti g physici entificate ial-transi ntal Hygi em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)	
offendin er this c s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TO)wN	COUNTY	STATE
A Af ar		22a. I certify that (I) (this hosp			12-31 19 85		, 19	-86	that (I) (we) last
Sprita CTOP for of H		saw the deceosed alive o obove, (1) (we) (did) (did n	n 2-1 at : view the body after death.	.19 <u>.86</u> . or	nd that in (my) (aur) apinion	death occurred on the d	ate and hour a	nd from the	couses stated
OR A bonkEd Dept Dept		th signification	= 1150'0	1	DEGREE	MEDICAL STA		22c. DATE	SIGNED
		11000		no electroni		DIRECTOR PHYSI	CIAN	2-	1-86
TO HOSPITAL retained by th TO FUNERAL should be dete with the State [MPORTANT:		22d. P. W.SICIAN'S NAME (TYPE	or PRINTING, PA	TCi	17 1504 Ame	eshire Rd.,	Luthery	ville.	Md. 21093
5 5 7 2 2 5	23a B	URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION		OUNTY	
BP		Burial	Feb.4,1986	Parkw		Baltimo			Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		BERTOC. ALT 109 Harford			E, INC. 250 PA	EBC 3 1986	25b REGISTRA	RSSIGNAT	The role of the second



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 042037 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH LIVEE OF PRINTS 86 Marie Cinquegrani 5. DATE OF BIRTH 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR 0 TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy Italy Baltimore County WIDOWEDTX DIVORCED [GITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Baltimore County General Hosp. Seamstress Style-Plus Inc. 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Baltimore Parkville Maryland 3674 Double Rock Lane 21234 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Vincent Alaimo Lorenza Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 21227 (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 216-07-3571 Vince Cinquegrani, Sr., 938 Grove Hill Rd. 18 CAUSE OF DEATH (Enter only one couse per line for 10.1, b), and ic PART I. DEATH WAS CAUSED BY. MOIOIRI DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [the burial-transit and Mental Hygi-210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TI CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 120.1 certify that (1) this hospital) attended the deceased from ir) opinion death accurred on the date and hour and from the causes stated and that in above, (I) (we) [did) (d 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF old be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHY58 Baltimore County General Hospital 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b DATE 23d LOCATION COUNTY 2/8/86 New Cathedral Cemetery Burial Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 FED (Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3. SEX		4 RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	IF UNDER	R 24 HRS
-				MONTH	DAY	YEAR	0.		MONTHS DATS	HOURS	MIN
BIRTHPLACE	Calle Co COBLICH	7h. CITIZEN OF	WHATCOUL	UTDV2 8	38	1902	9 BALTIMORE CITY OF	COUNT	OFDEATH	1	_
MARY		USA	WHAT COOK	MARRIE		MARRIED	BALTIMO				٨
CITY OR TOW	N OF DEATH	11. NAME OF	HOSPITAL, N	URSING HOME C			12a USUAL OCCUPATIO	N	126 KIND	OF BUSIN	
RANDALL	STOWN	BALTIM	ORE" CO	UNTY GEN	. HOSE	•	"Housewife	WORKING LIF	industry AT	HOME	
USUAL RESIDEN 130 STATE MARYL	AND		BALTIN		YES PXX	NO [13e.SIREET ADDRESS K	ZIP COPE	APT AVE.	212	
4. FATHER'S NA		WIDDLE	HAMBUŔ	GER		S MAIDEN NAM	WIDDLE		HAR	ST R15	
WAS DECEA	SED EVER IN U.S. ARA	MED FORCES? E WAR OR DATES)	16b SOCIAL	SECURITY NO.	17 INFORM 220		AND AVE.		ro., MD	21	218
18 CAUSE	OF DEATH Enter onl	y one cause per	line for Ia1, (b), and ic					APPRO BETWEEN	XIMATE INTE	RVAL D DEA
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(IF EITHER	NOTIFY MEDICAL EXAMINER			19	1011 10517	ON					
VMILE AT WORK	NOT WHITE AT WORK	21e. PLACE		OFFICE FARM ETC)	211 LOCAT STREE		CITY OR TOW	'N	COUNTY		STATE
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sow t	he deceased ofive on, (I) (we) [did) (did not				id that in (my) (our) apinion (death occurred on the da	e and hau	and from the	causes st	tated
22b. SIGN	TURE				DEGREE				22c. DAT	SIGNED)
pe	lan I Cl	Luca	us 1	4.0		ATTENDING PHYSICIAN	MEDICAL STAF		2.	22-	S
22d. PHYSI	CIAN'S NAME ITYPE OF	R PRINT)			22e ADDRE	SS		11/1			
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30 BURIAL CRE											
(SPECIFY)	MATION, REMOVAL	FEB. 25		SHAARE		CREMATORY	23d LOCATION		COUNTY		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR After this

MPORTANT: If them 21 is marked or them 18 shows ony injury, or ather traumatic event, the medical

6010 REISTERSTOWN RD.

SOL LEVINSON & BROS., INC. BALTO. MD

21215

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 28 1986

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STATE OF MARYLAND

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					STAT	E OF MARYLAND					
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4		RASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
	OTE S		RIET	C	(COLBERT		02 1	15 86	11:58P	
3	SEX	The second second	4 RACE		S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS	
.1	F	emale	Whi	te	July	13, 1890 YEAR	95	YRS.	ONTHS DAYS	HOURS MIN.	
		THPLACE (STATE OR FOREIGN DUNTRY) TRINIA	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	DIVORCED	9. BALT IMORE			M	
1	T	OWS ON	GREATER	BALT IMOR	ADDRESS) REME	D. CTR	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE)	12b. KIND OF	BUSINESS OF	
C	N N	ew Jersey	NE OR OTHER INSTITUTION OUNTY	132 CITY OR TOW.		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 4106 Roy	al Ave	. 99	999	
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16	Ø W.	AS DECEASED EVER IN U.S.	ARMED FORCES?	215-05-1		Robert B. Co.	ADDR 1bert 660 R		Terr.	21 204	
	T	8 CAUSE OF DEATH (Ente	only one couse pe	r line for (a), (b), and	d ic				APPROXI BETWEEN C	MATE INTERVAL	
	-1	PART I. DEATH WAS CA	DIATE CAUSÉ (a)	MYOCARDI	AL IN	FARCTION					
10			DUE TO. C	R AS A CONSEQUE	NCE OF						
		Conditions, if ony, which	(ib)_	MITRAL S'	TENOS	IS					
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	RENAL FA							
1	ı	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART To		
1	20		BL	INDNESS							
1	CERTIFICAL	90 DATE OF OPERATION	19b CONE	DITION FOR WHICH	OPERATIO	DN WAS PERFORMED	20a AUTOPSY? YES □ NO ■	206 IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?	
		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR 196 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 196 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 197 DAY HOUR A.M. MONTH DAY YEAR 198 DAY HOUR A.M. MONTH D									
1	MEDICAL	WHILE NOT WHILE	21e PLACE	OF INJURY REET FACTORY, OFFICE, F		211 LOCATION STREET	CITY OF TO)WN	COUNTY	STATE	
		270. I certify that (1) (this hospital) attended the deceased from 2/15, 19 86, to 2/15 19 86, that (1) (we) lost saw the deceased alive an 2/15 as we the deceased alive an 2/15 as well of the deceased alive an 2/15 as well as the deceased alive and the									
		22b. SIGNATURE	9. Ty	e M.Z),	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X	270 DATE S		
		220 PAYSICIAN'S NAME (T				22e ADDRESS					
		JONATHAN J				GBMC- 6701		ST.			
23	3a. Bl	PBUTIAL	236 DATE 2-19-		NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	Cit-	COUNTY	STATE	

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
FEB 1 8 1986 Selection Registrary

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055077 1 - FOR STATE REGISTRAR			STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 1 2
1. DECEASED NAME		MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	20. 1100K
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of to the control of	le	White	S. DATE OF BIRTH O3 22 1910	75 YRS. MO	UNDER I YEAR IF UNDER 24 HRS
TO BIRTHPLACE (SI COUNTRY)	ATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	
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Mary 1a 10. CITY OR TOWN ROSSVI		NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Pranklin Squa	GHOME OR OTHER INSTITUTION ADDRESS) PE Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWife	12b. KIND OF BUSINESS OR INDUSTRY
S TO THE MARYLAN	136 COUNTY	more Dundalk	ADMISSION] N 113d. INSIDE CITY LIMITS? YES NO 🖾	136 STREET ADDRESS / ZIP CODE 28 Kinship Rd.	21222
14 FATHER'S NAME	MIDI	DLE LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
g & William		Morriso	n Jane		_
160 WAS DECEASED (YES, NO OR UNKNO NO	EVER IN U.S. ARME			olbert 28 Kinsh	nip Rd. 2122
down rise to the conse In Indee by the conse In Indee In Ind	cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		INAL DISEASE OR CONDITION GIVEN	I IN PART 1:0:
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The Cron.				YES NO YES	NO □
SE EEEE S CONTRIBUTE	VAS UNDERLYING THE CAUSE OF DEATH IFY MEDICAL EXAMINER)	P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
A PHYSICIA The this solution of the following property of the	NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
Sow the	deceased alive an	February 1319	February 10 19 86	death accurred on the date and have a	
AAL OR A the ho y the ho y the ho green before the detached of the DIRE.	RE SIL	KArlen i	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED 2/13/86
NO FUNER DO HOSPITAL PLANT NO FUNER PLANT NO FUNER PLANT NO FUNER PLANT NO FUNER PLANT NO FUNE PLANT	N'S NAME (TYPE OR PR Kitchen,	M.D.	9000 Frankli	in Square Dr., 212	37

BP.

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Connelly Funeral Home of Dundalk (VRA 15, 4)

02/17/86

230 BURIAL CREMATION, REMOVAL (SPECIF Burial

23c NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery CITY OR TOWN Baltimore, Md STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	IENE 3 6	0 3	6	13	
L		CEASED NAME FIRST	WIOOFE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	_
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	3. SEX	(4 RACE	5. DATE OF E		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	_
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-		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUN	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O				
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7	10. CI	Towson	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 6701 N. Cha:	STREET ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINESS OR	10
5	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF LITATE 136 COUNTY)		R TOWN 13	INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE		21111	.11
	14 FA	THER'S NAME	MIDDLE LAS	15	MOTHER'S MAIDEN NAM	WE		145		
C	DC	LARSINGS	G. Col	5_	KATHRYI)	-	THAC	KSR	
	. (Y	VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		FAMILY RS	LORDS	SS	APPROXI	MATE INTERVAL	=
		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	TE CAUSE (0) Hemo:	SEOUENCE OF	roke with s			hage	3days 4 days	_
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10		=
	CERTIFICATION	19a date of operation	196, CONDITION FOR W	VHICH OPERATION \	VAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES		
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	1c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)		
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		David Sa.	Herm M	0	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		271 DATE	signed 9/86	
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BP. DHMH - 16 60M 7/B4

IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23h DATE (SPECIFY)

CRSMATION

24 FUNERAL DIRECTOR

Dr. D. Safferman

23c NAME OF CEMETERY OR CREMATORY GRSSAM

GBMC

BALL C

COUNTY

ACORES 2325 YORK

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Man Signature

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STATE OF MARYLAND

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STATE OF MARYLAND

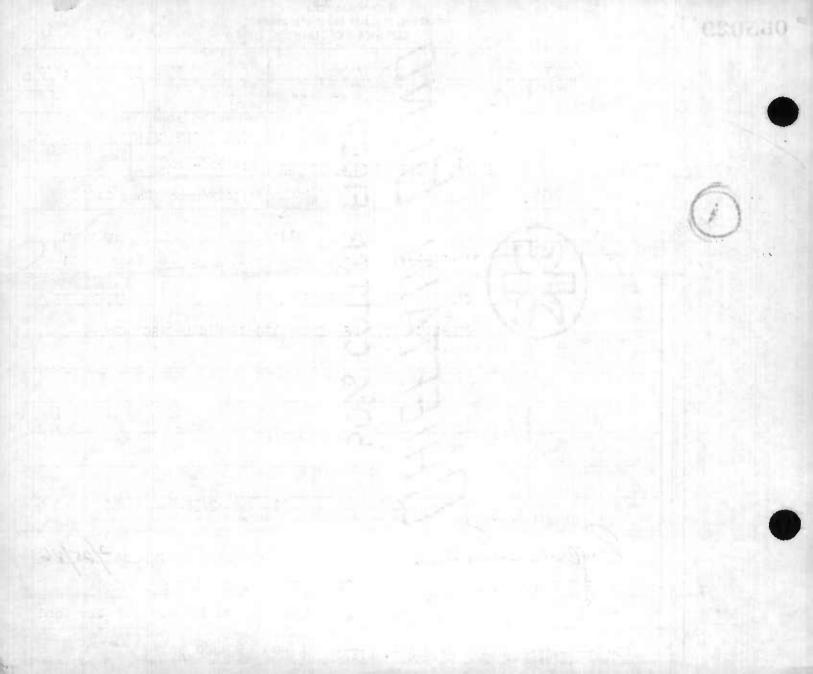
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21207	NATINDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer aboth. Polyaginal or attending physician.	INECTOR: After this certificate has been signed by the attending physician and congressibility that in by the funes I dis thed for use os the busine framish permit. This please remove carbon populs. Pages 1 to 2 shower side within 72 hour
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(V	RA 15, 4	1)

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	II). CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NUR		OR OTHER IN	STITUTION	120 USUAL OCCUP		GLIFE) INC	KIND O	F BUSINESS
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ž		IL RESIDENCE (IF NURS	13b COU	VTY	13c CITY OR TO	NWC	13d. INSIDE	CITY LIMITS?	13e STREET ADDRES	SS / ZIP CO	DDE	212	2.1
ď	/	Md.	Bal	to.	Essex		YES	NO.		wood	Lane	212	21
ļ	2/1	THER'S NAME		WIDDLE	LAST		15 MOTHE	R'S MAIDEN NA	ME	E		LAS	T.
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		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE 219-34-		17 INFORM			DRESS	Tan	. 21	201
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ı		PARTI DEATH W		TE CAUSE (a)	CARDIA	C RESP	IRATOR	RY FAILU	RE		I	MMED	IATE
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١	cause last DUE TO, OR AS A CONSEQUENCE OF underlying cause last												
ı	180	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE											
1	z								GIVEN IN	PART In	a		
	CERTIFICATION	190 DATE OF OPERA	TION	TIN COND	ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20h (F	VES WED	E EINIDIN	ICS USED	
1	FIC	THE DATE OF CITCH	11014	170 CO140				IN CERTIFYING CAUSES			CAUSES	OF DEATH?	
	ERT	210. ACCIDENT WAS UNE	DERLYING T	7 216. TIME C	OF INJURY		121c. HOW	INJURY OCCUR	YES NO	2	YES []	PART 2)	ио 🗌
9	11147	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH		100						
	WEDICAL	214 INJURY OCCURE		21e PLACE	M. OF INJURY	19	711 LOCAT	ION					
ı	M.	WHIS NOT WE AT WO	SILE [(AT HOME ST	REET, FACTORY OFFIC	E FARM ETC)	STRE	ET	CITYO	RIOWN	cc	VINIA	STATE
ı		220.1 certify that (1)		ital) attended th	e deceased from	n 2/1	4	19 86	to 2/2	5	19 \$	36	that (I) (we) I
ı		saw the decease	ed alive an	2/25	19	06-7	nd that in (m		death accurred an th	-		-	/ //
ı	100	22b SIGNATURE	did) (did no	t view the body	atter death.		DEGREE				2	2c DATE	SIGNED
ı		710	ma.	0 /	01/11-			ATTENDING PHYSICIAN T	MEDICAL S	TAFF		2/	201-
7		22d. PHYSICIAN'S N	XME (TYPE C	OR PRINT)	oun		22e ADDR		J DIRECTOR () THE	JICIAN (X)		1	3/80
				ANS, M.			GBM			ES ST	. 212	204	
		SPECIFY) Buria		236 DATE 2/28/8		atapsc		CREMATORY odist	West Min	ister	4005	Ma Ma	ryland
	24 FL	JNERAL DIRECTOR						25a. DAT	E REC'D. BY REGISTR	AR 25b. REC	SISTRAR'S	SIGNAT	UREs and
	C	onnelly Fu	neral	Home	300 Mac	Ave.	21221	MA	R 4 1986	June	المساطة	sen-n!	Minne
П			La	nome		TYACO	-11			11			



FOR STATE REGISTRA	AR	DEPAR	STATE OF MA TMENT OF HEALTH A CERTIFICATE (ND MENTAL HYG	IENE 8 6	0 3 6	6
DECEASED NA		WIDDIE	CONTRAD			MONTH DAY YEAR	26 HOUR
		rine J.	CONRAD		February		$4:40p_{M}$
. SEX		4 RACE	5 DATE OF BIRTH	1909	6 AGE (IN YEARS LAST BIRT	YRS. MONTHS DAYS	
BIRTHPLACE COUNTRY) MARY	(STATE OR FOREIGN	U.S.A.	MARRIED NE	VER MARRIED DIVORCED	Baltimore city of Baltimor	re County	MD.
BAL		11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	NINSTITUTION OSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
JO. STATE	ICE (IF NURSING HOME OR ON 136 COUN BA)		WN 13d. INSI	IDE CITY LIMITS?	13. STREET ADDRESS /	AIP CODE	21220 RIVE.
4 FATHER'S NA		E LUKAS LAST	IS MOT	HER'S MAIDEN NAM	NCES MIDDLE	CHALDA	AST
WAS DECEA		war or Dates) 216 - 09		John C.	Lukas - 381		re, 21224
18 CAUSE PART I	. DEATH WAS CAUSED	y one couse per line for (a), (b), (c) BY: Asyste				APPRO BETWEE	OXMATE INTERVAL N ONSET AND DEATH
gove ris	ns, if ony, which to immediate o), stoting the ing cause lost	DUE TO, OR AS A CONSEO	ial Tsche		nfarction		
	THER SIGNIFICANT C	Onditions <u>Contributing To</u>	DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART	to
19a DATE (OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS P	ERFORMED	200 AUTOPSY? YES NOXX	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [
OR COLUMN	ENT WAS UNDERLYING BUTING CAUSE OF DEAL NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJUR	ty IN ITEM 18 PART I OR PART 2]	
(IF EITHER 21d. INJUR WHILE AT WORK	NOT WHILE AT WORK	21& PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		CATION	CITY OR TOV	wn COUNTY	STATE

220.1 certify that (1) (this hospital) attended the deceased from February 16.1986 saw the deceased alive on February 16.1986, and that in (my) (our) opinion above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

minh ml D. Somy 45.7 mo ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Michael A. Stang, M.D.

9000 Franklin Square Drive 21237

23d LOCATION

BURIAL 2-19-86 BOHEMIAN NATIONAL 24 FUNERAL DIRECTOR

236 DATE

230 BURIAL, CREMATION, REMOVAL

BALTO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
FFR 1 8 1006 Julia Davidson Randere

STATE

DHMH - 16 60M 748 (VRA 15, 4)

BP.

Sear Treese TALLOWING AND THE RESERVE OF THE PARTY OF

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	. Page 4 may be	Nowage 3
ND 21201	inficate be executed within 24 hours after death. Page 4 may be	physician and completely filled to by the tunesal director page 3 in pages. Pages 1 and 2 pages 4 in a white P house the death moved
T., BALTIMORE, MARYLAND 21201	be executed within	on and completely S. Pages January
r., 8AL	Africate	physicia

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

IENES	4
O	0

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
DECEASED NAME EIRST	Ray Cooper	LAST	February 13	1986	2b. HOU	R
SEX Male	Caucasian	S. DATE OF BIRTH March 1 1924 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 61 YRS	MONTHS DAYS	HOURS	21 HRS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County			М
CITY OR TOWN OF DEATH Randallstown	Baltimore County Ce		120 USUAL OCCUPATION HYPE OF WORK FOR MOST OF WORKING		of Busine	

Baltimore Maryland Reisterstown 14 FATHER'S NAME

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE

15 MOTHER'S MAIDEN NAME Marie Agnes UNKNOWN

3 Brookbury Drive 21136

160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, NO OR UNKNOWN) WWT GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

16b SOCIAL SECURITY NO 362-26-0488

LAST

17 INTERMEDITY Honald McVay ADDRESS 1302 Bonito Court Arnold

21012 Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

CERTIFICATION

Thomas John Cooper

FOR

DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 10 21e PLACE OF INJURY

(AT HOME STREET, EACTORY, OFFICE FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

20a AUTOPSY?

NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on

and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated

NO

CITY OR TOWN

1) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL Burfall

Garrison Forest Veteran

23d LOCATION Garrison

PHYSICIAN DIRECTOR PHYSICIAN

Baltimore Nar Vlanc

2/18/86 24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deto with the State [IMPORTANT: If

OR 25 REGISTRAR'S SIGNATURE

20b. IF YES, WERE FINDINGS USED

COUNTY

YES T

IN CERTIFYING CAUSES OF DEATH?

4	February				
	19	建	lymil and	California -	6.01
	Saltmone County	2		B.S.A.	
	(Contraction (See	Lestiquel	Langues (dumit) and	utital i	Farafinllustown
cari	evera turblecu E	X.,	malifical states	e mittel	hand state
31		Toroglabitit of grad . It			3105 cms27
	blancia druos	To be let	5 - 20-55	255	
	All the bank				
	Tomas Anna II.				
	Isli nochrisi				

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	FOR
-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	0	3	6	200	8
	REG. NO.					

I. DE					ICATE OF DEATH	REG. NO.		
	CEASED NAME E OR PRINT)	DON ELDA	F.	e co	RLEY	2a DATE OF DEATH MOT		2:15 ₁
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONIHS DAYS	IF UNDER 24 HR
-	Female		White		1 17 1918	67	YRS	
	BIRTHPLACE (STATE OR FOREIGN 7		76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
W	. Virginia		USA		D DIVORCED	baltimore county		
10 CI	TOWSON		11. NAME OF HOSPITAL, NURSING GREATER BALTIM			120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) Credit Clerk Banking		
13a. S	Maryland Baltir		TY I3c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP CODE 114 Riverthorn Rd., 21220		21220
14 FA	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	WE	1.4.1	
V				Digman	Bessie	Ellen	McC	auley
	WAS DECEASED EVER	IN U.S ARMED FO	RCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
	No	-	0-1-601	3-0893	Alonzo C. C	orley, Sr., 1	114 Rivert	horn R
IFICATION	Conditions, if ony, gave rise to imm couse (0), statin	nediate	E (O) OR AS A CONS (b) ETO, OR AS A CONS		BREAST CARCI	NOMA		
TIFICATION	PART 2 OTHER SIGN	lost NIFICANT CONDITI	(c)	S TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 20	ION GIVEN IN PART TO ID. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGN	IOST NIFICANT CONDITI TION 196. DERLYING 216. AUSE OF DEATH CAL EXAMINER) TRED 216. (AT)	(c)ONS CONTRIBUTING	HICH OPERATIO DAY YEAR 19	n was performed	200 AUTOPSY? 20	Ob IF YES, WERE FINDI N CERTIFYING CAUSES YES (TIEM 18 PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH?
	PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIGENT WAS UNE OR CONTRIBUTING CONTR	IOST. NIFICANT CONDITI TION 196. DERLYING 1216. AUSE OF DEATH CALEXAMINER) 216. RED 216. (AT) (this hospital) atte	ONS CONTRIBUTING CONDITION FOR WI TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY	HICH OPERATIO DAY YEAR 19 FFICE, FARM EIC) 1/3	N WAS PERFORMED 21c. HOW INJURY OCCURI 21I LOCATION STREET 86	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJURY IN CITY OR TOWN 2/26	Ob IF YES, WERE FINDING CAUSES YES (TEM 18 PART 1 OR PART 2) COUNTY 86	NGS USED S OF DEATH? NO
	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIGENT WAS UND OR CONTRIBUTING CONCENTION (IF EITHER NOTHY MEDIC 21d. INJURY OCCURE WHILE NOT WHAT WORK NOT WHAT WORK 22a. I certify that (1) saw the decease obove, (1) (we) (5)	IOST VIFICANT CONDITI TION 19b. CAUSE OF DEATH CALEXAMINER) RED 21e (ATI OK (this hospital) offeed alive on	ONS CONTRIBUTING CONDITION FOR WI TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY OF	HICH OPERATIO DAY YEAR 19 FFICE, FARM EIC) 70m 1/5	211 LOCATION STREET 20 40 that in (my) (our) apinion	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJURY IN CITY OR TOWN 2/26	Ob IF YES, WERE FINDING CAUSES YES (TIEM 18 PART 1 OR PART 2) COUNTY 86 19 and hour and from the	NGS USED S OF DEATH? NO STATE
	PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CONCENTION OF CONTRIBUTING	IOST VIFICANT CONDITI TION 19b. CAUSE OF DEATH CALEXAMINER) RED 21e (ATI OK (this hospital) offeed alive on	ONS CONTRIBUTING CONDITION FOR WI TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY OF	HICH OPERATIO DAY YEAR 19 FFICE, FARM EIC) 70m 1/5	216. HOW INJURY OCCURION STREET 21 LOCATION STREET 30 , 19 and that in (my) (our) apinion DEGREE	200 AUTOPSY? YES NO X NO X RED (ENTER NATURE OF INJURY IN CITY OR TOWN 2/26 death accurred on the date of	Ob IF YES, WERE FINDING CAUSES YES (TIEM 18 PART 1 OR PART 2) COUNTY 86 19 22c. DATE	NGS USED S OF DEATH? NO STATE that (I) (we) couses stated
	PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CONTRI	OST STATE OF THE CONDITION OF THE CONDIT	ONS CONTRIBUTING CONDITION FOR WI TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY OF Indeed the deceased from the body after death.	HICH OPERATIO DAY YEAR 19 FFICE, FARM EIC) 70m 1/5	211 LOCATION 211 LOCATION SIREET 30 4 that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJURY IN CITY OR TOWN 2/26	COUNTY 86 19 22c. DATE	NGS USED S OF DEATH? NO
MEDICAL	PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COLOR OF COLOR	IDST NIFICANT CONDITI TION 19b. CAUSE OF DEATH CAL EXAMINER: (this hospital) attended alive on did) (did not view the condition) attended atte	ONS CONTRIBUTING CONDITION FOR WI TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY OF me body after death. M.D.	HICH OPERATIO DAY YEAR 19 FFICE, FARM ETC.) 70m 1/3	211 LOCATION 211 LOCATION SIREET 30 4 that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOT	COUNTY 86 19 19 221. DATE 21. 21.204	NGS USED S OF DEATH? NO STATE that (I) (we) a couses stated SIGNED 26 (86
WEDICAL	PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIGENT WAS UNE OR CONTRIBUTING CIT (IF ETHER NOTIFY MEDIC 21d. INJURY OCCUM AT WORK NOT WHO AT WORK 220. I certify that (I) sow the decease obave, (I) (we) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NA david sa	IDST NIFICANT CONDITI TION 19b. DERIVING 21b. CAUSE OF DEATH CALEXAMINER) (this hospitol) ofte ed olive on idid) (did not view the condition of the co	ONS CONTRIBUTING CONDITION FOR WI TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY OF me body after death. M.D.	HICH OPERATIO DAY YEAR 19 FFICE, FARM ETC.) 70m 1/3 73c NAME OF C	211 LOCATION 211 LOCATION 30 86 30 19 30 ATTENDING PHYSICIAN PHYSICIAN COMMERCE GRANT 6701 220 ADDRESS GRANC 6701 EMETERY OR CREMATORY ton Fraterna.	200 AUTOPSY? YES NO X NED (ENTER NATURE OF INJURY IN CITY OR TOWN 2/26 deoth accurred on the date of Injury In MEDICAL STAFF DIRECTOR PHYSICIAN N. CHARLES S'	COUNTY 22c. DATE 21204	NGS USED S OF DEATH? NO STATE that (I) (we) couses stated SIGNED 26 (86

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO FUNERAL DIRECTOR. After this certificate has been

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Programme in the Line Lineween, the Land elements. The land the land the land the land

STATE OF MARYLAND 057011 DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) JAMES S. COTTRILL FEBRUARY 22. 1986 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF HADER 21 MBS HOURS MALE WHITE JULY TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X COUNTRY IOWA BALTIMORE COUNTY. DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 21234 SALESMAN ABERDEEN ROAD RETAIL USUAL RESIDENCE (IF NURSIII GAROME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 3e STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE 21234 1710 ABERDEEN ROAD 21234 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE HASELMAN HENRY COTTRILL MARLYS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 80-54-5618 MARLYS COTTRILL1710 ABERDEEN RD. 21234 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: PNEUMONIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF autocommune. Defreses Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES NO [216 TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE Jeonous 220.1 certify that (1) (this haspital) attended the deceased from 1986 , and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22b SIGNATUR 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR should be deto with the State [DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CREMATION MOUNT BALTIMORE. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 gunar Day down- Mangage WILLIAM E. JOHNSON8521 LOCH RVEN BLVD (VRA 15, 4)

1 (1 ENEDMONIA ALOS (autoinmus Depression Synt) Dones KAPUSI'S SHROOMA O 2/21 Fe grown 85 20 200 36 O Ceren dilas fasser, "D as/ec/c CARLAS ALEXANDER UNIVOE MO CANCERCIR, BACT.

066183	FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 0 3 6 2 0								
C.	REGISTRAR I. DECEASED NAME FIRST	MIDDL E	LAST	REG. NO. 20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR					
, of the	(TYPE OR PRINT) Joh	n R.	Coulter		10 86 2 A M					
acy . pog	3. SEX	4 RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS					
_ ; 12	Male	White	TOTTH 21AY 09AR	YRS.						
1135	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY MD 120. USUAL OCCUPATION ITYE OF WORKING LIFE! INDUSTRY Ret.—Machinist Black & Deck						
100	Balto. County	7 Tadmore Cou	irt Apt. 203							
1135	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL Maryland Bal	PROTHER INSTITUTION GIVE RESIDENCE BEFORINTY 136. CITY OR TO timore	WN 13d INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / ZIP CODE 7 Tadmore Cour	t Apt. 203 4					
Plettely Adding	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LASY					
E E	John		lter Annie		Halfpenny					
Poges medico	160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)			pt. D 21234					
d ros	No	212-01		ine A. Sessa 9044	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
W. PRESION S1, BA	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), (ED BY: ATE CAUSE (a)	ook acute myoc	arelal inferretion	m muly					
endir o, ar matic		DUE TO, OR AS A CONSEQ	WENCE OF ASCUD.		geas					
he de emav motic	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ			years					
	underlying cause lost.	(c)	LEAST ATTORE		25 years ago					
quires signed her ple to burie	PART 2. OTHER SIGNIEICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 110					
hos been by the permit. I have been brion by the brion brion by the been brion by the brion brion by the brion brion by the brion br	THE DATE OF OPERATION	CONDITION FOR WHIC	H OPERATION WAS PERFORMED	78k AUTOPSY? JOL IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF BEATHY					
PHYSICIAN: The ending physicion this certificate he buriel-transit for Mental Hygier do wental Hygier do them 18 sho	The wide in the late in the late of the la	716 TIME OF INJURY HOUR AM MONTH	DAY YEAR	RED. Tymine mature, or major of them in the	IT I CREPART 2)					
NG PHYSICIAN: The low requires the attending physicion. Wher this certificate has been signed to as the burial-transit permit. Then plea the and Mental Hygiene prior to burial orked or them 18 showman injury, are	A SOUR CONSTRUCTION OF THE PROPERTY OF THE PRO	THE PEACE OF INJURY	711 LOCATION	SIT OF TOWN	COUNTY STATE					
OR: After Signal of the office	22s-1 certify that (I) (the ten saw the deceased alive a obove, (I) (we) (did) (did-	101	A send that in (my lour) apinion	douth accurred on the date and hour	9 that (I) the last					
OR ATT he hospin DIRECT Coched to Dept. of	obove, III (we) (dida 226 SIGNATURE	sal view the body of the shorth!	DEGREE ATTENDING	MEDICAL STAFF	The DATE AIGNED					
TO HOSPITAL retained by th TO FUNERAL should be delived. with the State	226 PHYSICIAN'S NAME LIVE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	1 /- (**					
O HOSP etained TO FUNE Should be with the MMPORTA	Gerald N.	Maggid (665-440	00) 8100 Harford	d Rd. Balto., Md.	21234					
	230. BURIAL, CREMATION, REMOVA ISPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE					
BP	BUTIAL 24 FUNERAL DIRECTOR		Moreland Mem. Pk.Cer		e, Maryland					
DHMH - 16 50M 4/83 (VRA 15, 4)	NAME	LASSAHN FUNEEN Home BALTO. MD. 2136/18 5 1986 gun June 1								

